



WORKERS' COMPENSATION INFORMATION REQUEST

Company Name: _____ DBA: _____
 Contact Name: _____
 Address: _____ State _____ Zip: _____
 Federal Tax Id Number: _____ Phone: _____
 State Tax Id Number: _____ Fax: _____

Owner/Office Information

First Name	Last Name	Title	Class Code	
_____	_____	_____	_____	<input type="checkbox"/> Included <input type="checkbox"/> Excluded
_____	_____	_____	_____	<input type="checkbox"/> Included <input type="checkbox"/> Excluded
_____	_____	_____	_____	<input type="checkbox"/> Included <input type="checkbox"/> Excluded
_____	_____	_____	_____	<input type="checkbox"/> Included <input type="checkbox"/> Excluded
_____	_____	_____	_____	<input type="checkbox"/> Included <input type="checkbox"/> Excluded

A. Owners Active in Management Yes No

B. Description of Operations: _____

Estimated annual payroll for 2004 per Workers Comp. Classification (see current policy for classification & rate)

Classification	Payroll	Full Time Part Time		Rate
		_____	_____	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Year	Insurance Company	Policy Number
2005 - 2006	_____	_____
2004 - 2005	_____	_____
2003 - 2004	_____	_____
2002 - 2003	_____	_____
2001 - 2002	_____	_____

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GASLAMP INSURANCE

EMPLOYEE MANAGEMENT:

A. Pre-Hire Screening:

- Applications: Yes No
- References Check: Yes No
- Physical Examinations: Yes No
- Pre-Placement Drug Testing: Yes No
- Formal Discipline Procedures Yes No

EMPLOYEE SAFETY PROGRAM:

- New Employee Orientation Plan Yes No
- Exit/Termination Interviews Yes No
- Formal Written Safety Program Yes No
- Early Return to Work Program Yes No
- Safety Incentive Plan Yes No
- Machines safety guards in place: Yes No

- Does insured have any locations outside of this state? Yes No
- Any lapse of coverage? Yes No
- Does applicant own, operate or lease aircraft/watercraft? Yes No
- Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, or transporting of hazardous materials? Yes No
- Any work performed underground or above 15 feet? Yes No
- Any work performed on barges, vessels, docks, bridges over water? Yes No
- Is applicant engaged in any other type of business? Yes No
- Are sub-contractors used? Yes No
- Any work sublet without certificates of insurance? Yes No
- Is a written safety program in operation? Yes No
- Any group transportation provided? Yes No
- Any employees under 16 or over 60 years of age? Yes No
- Any seasonal employees? Yes No
- Is there any volunteer or donated labor? Yes No
- Any employees with physical handicaps? Yes No
- Do employees travel out of state? Yes No
- Are athletic teams sponsored? Yes No
- Are physicals required after offers of employment are made? Yes No
- Any other insurance with this carrier? Yes No
- Any prior coverage declined, cancelled, non-renewed (last 3 yrs?) Yes No
- Are employee health plans provided? Yes No
- Is there a labor interchange with any other business/subsidiary? Yes No
- Do you lease employees to or from other employers? Yes No
- Do any employees predominantly work at home? Yes No
- Any tax liens or bankruptcy within the last 5 years? Yes No
- Any undisputed and unpaid work comp premium due from you or any commonly managed or owned enterprises? Yes No

- REQUIRED:**
- LOSS HISTORY (3+ YEARS)**
 - DECLARATION PAGE & CLASS SCHEDULE**

Completed by: _____ Date: _____

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