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USL&H AND STATE ACT WORKERS' COMPENSATION

Hunt Valley, MD Office

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PROGRAM SUMMARY

ТҮРЕ	USL&H and State Act Workers' Compensation
MINIMUM PREMIUM	\$10,000 Minimum premium (most class codes) WC & USL&H combined
PROGRAMS AVAILABILITY	Coverage is available in all states and will offer the combination of State Act with USL&H Coverage (except monopolistic states, where federal only coverage may be offered)
SECURITY	Domestic, A+ (Superior) by A.M. Best rated carriers
SUBMISSION REQUIREMENTS	ACORD Workers' Compensation Application Minimum 5 years and currently valued Loss Runs (not over 3 months old) Latest Experience Modification Worksheet Supplemental Application (attached)

In an effort to effectively quote this account as quickly as possible, it is vital you provide all of the information we have outlined for you in the supplemental application. **Thank you in advance for your assistance**.



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USL&H Supplemental Application GENERAL INFORMATION

Name:						
	(Complete name as it sh	nould appear on the pol	icy including Inc.,	Corp., Ltd., et	tc.)	
Physical Addres	s:					
	Street		City		State	Zip
Phone:		Fax:		FEIN:		
Website:			Email Address: _			
			1 -			
Policy Proposed	Effective Date:		_to			

SECTION A: TOTAL PRIOR PAYROLL AND PREMIUM INFORMATION

	Current Year	Prior Year (1)	Prior Year (2)	Prior Year (3)	Prior Year (4)
Premium					
Payroll					

SECTION B: EXPERIENCE

1. How many years have the Senior Officer, Partner or Proprietor operated this or a similar business Please attach résumé if less than three years.	?
2. Does the applicant have evidence of continuous Workers' Compensation coverage over the past three years?	Yes No
3. How many of the last five years, excluding current year, has the applicant done work subject to the USL&H law?	
4. Does the applicant operate from a home or residential office?	Yes No
5. Have payrolls fluctuated more than 50% between any two of the last five years?	🗌 Yes 🗌 No
6. Are you a member of any Professional Association(s)?	Yes No
If yes, what association(s)?	

SECTION C: ELIGILITY

1. How many states does the applicant operate i	n?	
2. What is the current Experience MOD?	Copy attached?	🗌 Yes 🗌 No
3. Is the applicant in Chapter 11 Bankruptcy proceedings?		
4. Has the applicant ever filed for voluntary or in	voluntary bankruptcy proceedings?	🗌 Yes 🗌 No
5. Has the applicant's insurance been canceled of premium?	r lapsed in the last two years due to non-payment	Yes No
SECTION D: RISK CHARACTERISTICS & ADDE	D EXPOSURES	
1. Does the applicant use independent contracto	ors in the conduct of its business?	🗌 Yes 🗌 No
If yes, for what purpose?		
If yes, how are they paid? 1099	9's 🗌 Other (please explain):	
	ain Certificates of Workers' Compensation insurance?	Yes No
2. Does the applicant provide a group health pla	n for its employees?	Yes No
3. Do employees work above 6 feet?		🗌 Yes 🗌 No
If yes, describe work and apparatuses us	ed (ladders, scaffold, manlift):	
4. Do employees work below grade more than 4	feet?	Yes No
	s used:	
5. Do employees work in confined spaces?		🗌 Yes 🗌 No
If yes, describe work and advise who cle	ars the space for safe entry:	
		<u>-</u>
6. Does the applicant have an operating safety p	rogram?	🗌 Yes 🗌 No
If yes, does the safety program include F	all Protection?	🗌 Yes 🗌 No
Confined space entry practices?		🗌 Yes 🗌 No
7. Do part-time or seasonal employees make up	more than 25% of the workforce?	🗌 Yes 🗌 No
	e staffing, temporary, volunteer or donated labor?	Yes No

9. Do you own or operate any vessels, or do your employees do any work on or from any vessel in navigation?	Yes No
10. Is any otherwise uninsured work performed on or from barges or vessels as work platforms for maritime maintenance/repair operations?	Yes No
11. Does the risk include any welding work?	
If yes, does the risk have welding fumes exposure from welding products, production processes, and/or maintenance/repair operations?	Yes No
SECTION E: OVER THE WATER EXPOSURES	
**If any questions are answered yes, attach a copy of current MEL or P&I (including crew) coverage.	
1. Will the applicant own, lease, charter or borrow any watercraft on a navigable waterway?	🗌 Yes 🗌 No
2. Will the applicant employ anyone as a Master or Member of the crew of any watercraft on a navigable waterway?	Yes No
3. Will the applicant employ anyone to perform any work on or from a watercraft under navigation?	🗌 Yes 🗌 No
4. Will the applicant contract any work to be performed on or from a watercraft under navigation without reviewing proof of maritime coverages for the contractor's workers?	🗌 Yes 🗌 No

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME. BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO HIS/HER BEST KNOWLEDGE, ALL INFORMATION GIVEN IS TRUE AND ACCURATE.

Signature: _____

Date: _____

Name (print or type): ______

The description of this program is only a summary of available coverages. Actual policy language will dictate the scope of coverage in the event of a claim. Agents should read the full policy form and any applicable endorsements for full terms and conditions and should encourage their policyholders to do the same. RSG National Specialty Programs is a part of the RSG Underwriting Managers division of RSG Specialty, LLC, a Delaware limited liability company based in Illinois. RSG Specialty, LLC, is a subsidiary of Ryan Specialty Group, LLC. RSG National Specialty Programs works directly with brokers, agents and insurance carriers, and as such does not solicit insurance from the public. Some products may only be available from surplus lines insurers. In California: RSG Specialty Insurance Services, LLC (License #0G97516). ©2022 Ryan Specialty Group, LLC