

# WORKERS' COMPENSATION APPLICATION

## *KAH Insurance Brokerage, Inc.*

510 Broadhollow Road ♦ Suite 210 ♦ Melville ♦ NY 11747  
 Phone (631) 271-1721 ♦ Fax (631) 271-1723 ♦ Email: Ldiprima@kahinsurance.com

*☛ If you already have an application completed for another carrier you can send that application instead. ☚*

Owner Operator Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Named Insured/Corporate Name: \_\_\_\_\_ Primary FEIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Region: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact: \_\_\_\_\_ CLAIMS Contact & Email: \_\_\_\_\_

Year Business Established: \_\_\_\_\_  Individual  Corporation  Partnership  LLC  Other

Total Stores: \_\_\_\_\_ # Freestanding: \_\_\_\_\_ # Other: \_\_\_\_\_ # Offices: \_\_\_\_\_ # Warehouses: \_\_\_\_\_

Current Experience Mod: \_\_\_\_\_ Current Carrier: \_\_\_\_\_ Current Premium: \_\_\_\_\_

Names of all Owners / Officers <small>(If more, write on separate sheet)</small>	Title	% of Ownership	Workers Compensation <small>(Please check one)</small>	Primary Duty <small>(Please check one)</small>	Annual Remuneration <small>*Do not include in payroll estimates on following page.</small>
			<input type="checkbox"/> Include <input type="checkbox"/> Exclude	<input type="checkbox"/> Restaurant <input type="checkbox"/> Administrative	\$
			<input type="checkbox"/> Include <input type="checkbox"/> Exclude	<input type="checkbox"/> Restaurant <input type="checkbox"/> Administrative	\$
			<input type="checkbox"/> Include <input type="checkbox"/> Exclude	<input type="checkbox"/> Restaurant <input type="checkbox"/> Administrative	\$

**GENERAL QUESTIONS:**

*Please comment on any yes responses on a separate sheet.*

- |   |       |      |
|---|-------|------|
| 1. Do you deliver?  | ○ YES | ○ NO |
| 2. Any business owned vehicles?   | ○ YES | ○ NO |
| 3. Do you have any past, present or discontinued operations involved in storing, treating, discharging, applying disposing or transporting of hazardous material? | ○ YES | ○ NO |
| 4. Any employees under 16 years of age?   | ○ YES | ○ NO |
| 5. Any seasonal employees?  | ○ YES | ○ NO |
| 6. Do employees travel out of state?  | ○ YES | ○ NO |
| 7. Does the applicant own, operate or lease aircraft/watercraft?  | ○ YES | ○ NO |
| 8. Is the application involved in any other business?   | ○ YES | ○ NO |
| 9. Any subcontractors used?   | ○ YES | ○ NO |
| 10. Any quote subcontracted out without certificates of insurance?  | ○ YES | ○ NO |
| 11. Is a formal safety program in place?  | ○ YES | ○ NO |
| 12. Any group transportation provided?  | ○ YES | ○ NO |
| 13. Any volunteer, donated or leased labor?   | ○ YES | ○ NO |
| 14. Any employees physically challenged?  | ○ YES | ○ NO |
| 15. Are athletic teams sponsored?   | ○ YES | ○ NO |
| 16. Slip Resistant Shoe Program in Place?   | ○ YES | ○ NO |
| 17. Has "Aegis" or "No Slip" floor treatment been applied within the last 1-2 years?  | ○ YES | ○ NO |
| 18. Do you have a bulk oil handling system at each store?   | ○ YES | ○ NO |
| 19. Do you offer transitional return to work tasks for injured employees?   | ○ YES | ○ NO |
| 20. Any prior coverage declined, cancelled or non-renewed in the last 3 years?  | ○ YES | ○ NO |
| 21. Drug testing (pre/post/random)?   | ○ YES | ○ NO |
| 22. Is there any screening or background checks performed as part of hiring?  | ○ YES | ○ NO |
| 23. Are there cameras in the parking lots?  | ○ YES | ○ NO |
| 24. Is there training for robberies?  | ○ YES | ○ NO |

*Please make copies as necessary.*

Store #		Corporate Name:				
FEIN Federal ID #		Address:				
<input type="checkbox"/> Freestanding <input type="checkbox"/> Office <input type="checkbox"/> Satellite <input type="checkbox"/> Whse <input type="checkbox"/> Oil Alliance		City:		State:	Zip:	
Drive Thru? <input type="checkbox"/> Yes <input type="checkbox"/> No	# F/T	# P/T	Crew & Managers Estimated Payroll	Sales & Supervisors Estimated Payroll	*Office & Clerical Estimated Payroll	
Open 24 Hours? <input type="checkbox"/> No <input type="checkbox"/> Store <input type="checkbox"/> D/Thru						

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**Please attach:**     **5 Years of Currently Valued Loss Runs**  
 **Current Experience Rating Worksheet**

Owner Operator Signature \_\_\_\_\_ Date \_\_\_\_\_