

Supplemental Workers' Compensation Questionnaire

Named Insured: _____

GENERAL INFORMATION

1. Hours of operation:

- Open after 6:00 P.M. Yes No
- Open after 9:00 P.M. Yes No
- Open after midnight Yes No
- Open after 2:00 A.M. Yes No

2. Maximum number of employees working at one time at a location: _____
If a business has been in operation less than three years or has no current Workers' Compensation insurance in place, please answer questions 3 & 4 below.

3. Number of employees anticipated at year end: _____

4. Owner's employment history for the past three years:

Employer: _____
Employer's Address: _____
Phone: _____ Position: _____
Employee Dates: _____ Job Duties: _____

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In addition to the questionnaire, the following items are needed for this submission:

- The complete ACORD application including the insured's FEIN and a good description of the operations.
- Any appropriate narrative that clarifies the operation and experience of the risk.
- Current year plus prior two year's loss runs.

-or-

- Current year plus prior year's loss runs and a statement of loss if older loss runs are unavailable.



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