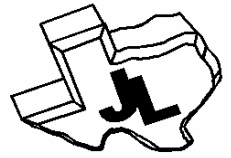




Application for Texas Occupational Accident Insurance

Updated 12/01/2005



THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

GENERAL INFORMATION

Applicant Name: _____ Phone: (____) _____
Are all entities of applicant included above? Yes No FEIN / SSN: _____ Contact: _____
Company Type: _____ Yrs in operation: _____ Web Address: _____
Mailing address: _____
Locations: _____
Description of Operations / Exposures: _____

UNDERWRITING INFORMATION

1. Do underground/tunneling or work at heights over 15 feet? Maximum height / depth _____ Yes No
 If yes, explain: _____
2. Have any locations that operate 24 hours a day? _____ Yes No
3. Have any driving exposure? _____ Yes No
4. Have any USL&H, Jones Act or 'wet' exposure? (definition attached) _____ Yes No
5. Handle or store explosives, chemicals, fuels, flammables, hazardous waste, or drugs of any type? _____ Yes No
 If yes, please explain _____ Hazard Communication (definition attached) _____ Yes No
6. Any employees working out of their homes or locations other than listed above? _____ Yes No
 If yes, please explain: _____
7. Have a safety program and safety meetings? _____ Yes No
8. Perform self-inspections for safety? _____ Yes No
9. Have and enforce the use of Personal Protection Equipment? _____ Yes No
10. Provide training for employees? _____ Yes No
11. Have a claims administrator? _____ Yes No
 Contact person and phone number: _____
12. Have an alcohol / drug testing program? _____ Yes No
13. Have or been threatened with an Employers Liability Loss? _____ Yes No
 If yes, please explain: _____
14. Had any OSHA violation or recommendations? _____ Yes No
 If yes, please explain: _____
15. Had Workers' Compensation or Occupational Accident policy canceled/non-renewed? _____ Yes No
 Company _____ Date _____ Reason _____
16. Is coverage to be used in satisfying a deductible for Workers Compensation and/or any other plan? _____ Yes No

PREVIOUS 3 YEARS COVERAGE

Currently have Workers' Compensation or Occupational Accident coverage? _____ Yes No
Rejected WC? _____ Yes No Proposed effective date: _____

Policy Period	No. of Emp.	Payroll	Carrier	SIR / Ded.	Premium	Exp. Mod

ATTACH PREVIOUS 3 YEARS LOSS RUNS OR STATEMENT OF "NO PAID LOSSES"

(Loss runs must be valued within the last sixty (60) days.)

REQUESTED COVERAGES - Combined Single Limit

Coverage A - Basic Employee Benefits _____ per occurrence
 Coverage B - Employers' Liability _____ per occurrence
 Self Insured Retention (minimum \$1,000.00) _____ per occurrence
 Optional quote without Employers Liability Coverage? Yes No

EXPOSURE INFORMATION

*Owner / executive officer exclusion must occur at the time the application is completed.

*Explanation of duties for each owner/executive officer included below: _____

*Any labor interchange with entities not to be covered under this policy? Yes No

Donated, volunteer, leased, shared employees or sub-contractors are NOT eligible for coverage– Do not include in table below.

Occupation	Class Code	F/T Employees	P/T Employees	Total in Class	Annual Payroll or Earnings
Owners / Executive Officers	8809				
Total					

By signing this application form the applicant confirms that he or she has been provided with and inspected a specimen copy of The Hartford's Occupational Accident Coverage Forms, and understands their rejection of the Texas Worker's Compensation Act status and the coverages and limitations of The Hartford's Occupational Accident Coverage Forms issued by The Hartford.

If Coverage is issued based upon information provided in this application, the applicant understands and agrees that this application shall form a part of the policy, and the statements herein shall be construed as material representations of the applicant. Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

 Authorized Name of Applicant Phone Fax

 Authorized Signature of Applicant Title Date

AGENCY INFORMATION

 Agency - Printed Phone Fax

 Licensed Recording Agent - Signature Title Date

 Agency Contact Person E-Mail Address

RETURN TO:

JACKSON-LLOYD ACCIDENT BROKERAGE
 800-657-5242 Fax 800-933-8662
 P.O.Box 187, Longview, TX 75606

Visit our web site for additional information.

www.Jackson-Lloyd.com

The following are explanations to frequently asked questions concerning The Hartford application:

THE LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT (LHWCA)

This act applies to workers in maritime employment other than masters or crew of vessels.

No Coverage Available.

THE JONES ACT

Also known as the Merchant Marine Act, this law and General Maritime Law apply to injuries to or death of master and crew of vessels involved in commerce on navigable bodies of water. The Jones Act applies the Federal Employers' Liability Act to these employees and requires the employee to prove negligence on the part of the employer or its employees or agents. The General Maritime Law (common law of the sea) recognizes the vessel owner's duty to provide a "seaworthy" vessel. A seaman injured because of a ship's alleged unseaworthiness may bring suit against the vessel itself (an "in rem" suit) in addition to any negligence claim under the Jones Act.

No Coverage Available.

DEPARTMENT OF TRANSPORTATION - MINIMUM REQUIREMENTS

Client to advise if required.

HAZARD COMMUNICATION

All employers with hazardous chemicals in their workplaces must prepare and implement a written hazard communication program, and must ensure that all containers are labeled, employees are provided access to MSDSs (Material Safety Data Sheets), and an effective training program is conducted for all potentially exposed employees.

OWN, CHARTER OR LEASE AIRPLANE OR PILOT

No coverage until approved. Industrial Aid Forms **must** be completed.

SUNSET CLAUSE

This provision stipulates that losses must be reported to us within 180 days from the end of the policy period to be covered.

DEFINITION OF PAYROLL

Payroll means the wage or salary (including overtime) that the **Employee** received from the **Employer** during the previous month.

Payroll for owners / executive officers is included and capped at \$62,400 per policy period for each owner / executive officer.

It includes:

- (a) Contributions made to an IRC Section 401(K), 403(b) or 457 deferred compensation arrangement, or an executive non-qualified deferred compensation arrangement with the Employer.
- (b) Bonuses, commissions and tips.
- (c) Amounts contributed to fringe benefits according to a salary reduction agreement under IRC Section 125 plan.
- (d) Allocated business expenses such as automobile mileage allowances, housing, clothing, tools or moving allowances.

OWNER / EXECUTIVE OFFICER EXCLUSION CANNOT BE BACKDATED.

Owner / executive officer exclusion must occur at the time the application is completed. If excluded, the Owner / Executive Officer Exclusion Form must be completed at the time of binding.