



QUICK QUOTE - Application



JL Exempt Workers Insurance

P.O. Box 187, Longview, Texas 75606

Ph. 800-657-5242 Fax 800-933-8662

Applicant Name: _____ **Proposed Eff Date:** _____

Corp. Partnership LLC Ind. FEIN _____ Yrs in Bus: _____ All entities of applicant included above? Yes No

Mailing address: _____ Web Address: _____

Locations: _____

Description of Operations/Exposures: _____

1. Does the applicant have any: Employees working out of their homes Labor interchange with entities not included above
 24 hour operations USL&H, Jones Act or FELA exposures Aircraft exposure None of these

2. Does the applicant manufacture, handle, sell, or transport any of the following:
 Chemicals Flammables Explosives Fuels Drugs Hazardous Wastes None of these

3. Does the applicant have the following in place: Self-Inspections for safety Safety program Safety director
 Employee training provided Safety meetings Drug/Alcohol testing None of these

4. Does the applicant desire a premium credit for implementation of:
 Approved ERISA plan Approved Alternative Dispute Resolution plan None of these

5. Does the applicant perform any of the following operations:
 Underground/Tunneling - Max _____ ft. Work at heights above 15 feet - Max _____ ft. Neither of these

6. Has the applicant had: OSHA inspections/recommendations/violations Employers Liability loss None of these

Automobile Exposure (Company owned vehicles)

Radius of Use (miles)	Private Passenger	Light Commercial	Medium Commercial	Heavy Commercial	X-Heavy Commercial	Tractor-Trailer
0-50						
51-200						
Over 200						

Do employees drive personal vehicles for business purposes? Yes No

Loss History - Must provide at least the past 3 years loss history. Loss runs must be valued within the past 60 days. If no prior coverage, a statement of losses must be attached. Loss runs attached Statement of losses attached

Current Coverage: Carrier _____ Limit _____ SIR/Deductible _____
Premium _____ Renewal Date _____

Requested Coverage: Limit _____ SIR _____

Rating Information: Owners / Executive Officers: Included Excluded

INCLUDE EXEMPT STATUS EMPLOYEES ONLY!					
Occupation	Class Code	F/T Employees	P/T Employees	Total in Class	Annual Payroll or Earnings
Total					

*Please note - Payroll for each employee should be capped at \$62,400. Also, overtime should be calculated on straight pay.
*Applicant will submit a copy of the most recent W-3 form upon binding.

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE NOR DOES THE EMPLOYER BECOME A SUBSCRIBER TO ANY WORKERS' COMPENSATION ACT BY PURCHASING THIS POLICY. I ALSO UNDERSTAND THIS POLICY IS FOR OCCUPATIONAL LOSSES COVERED BY THE POLICY FOR MY EMPLOYEES ONLY WHILE WORKING IN AN EXEMPT STATUS OF THE APPLICABLE WORKERS' COMPENSATION ACT OF MY BUSINESS RESIDENCE AS LISTED ON THE DECLARATIONS PAGE OF THE POLICY.

JACKSON-LLOYD EXEMPT WORKERS INSURANCE IS NOT RENDERING ANY LEGAL OPINIONS OR LEGAL ADVICE. QUESTIONS REGARDING KANSAS STATUTES ANNOTATED, SECTION 44-505 AND THE APPLICABILITY OF SECTION 44-505 OF THE STATUTE SHOULD BE ADDRESSED WITH AN ATTORNEY AND/OR THE KANSAS DIVISION OF WORKERS COMPENSATION DIVISION OF THE KANSAS DEPARTMENT OF LABOR.

By signing this application form the applicant confirms that he or she is exempted from the Kansas Worker's Compensation Act as stated in the Kansas Statutes Annotated, Section 44-505.

By signing this application form the applicant confirms that he or she has been provided with and inspected a specimen copy of the policy and understands their rejection of the Kansas Worker's Compensation Act status and the coverages and limitations of the policy.

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.

Applicant's Signature: _____ Title: _____ Date: _____

Contact person: _____ Phone: _____ Fax: _____

Agency Name: _____ Agency Contact: _____

Phone: _____ Fax: _____ E-mail Address: _____

Agent's Signature: _____ Title: _____ Date: _____

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sales@jackson-lloyd.com