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National Interstate Insurance Company

National Interstate Insurance Company HI

Triumphe Casualty Company

### WORKERS' COMPENSATION APPLICATION

For internal use only

National Interstate

National Interstate of Hawaii

Triumphe Casualty Company

### INSURED INFORMATION

Name: \_\_\_\_\_

Years in Business: \_\_\_\_\_

FEIN/SSN: \_\_\_\_\_ N.C.C.I. ID #: \_\_\_\_\_ Other Rating Bureau ID #: \_\_\_\_\_

Corporation    Partnership    Individual    Common Carrier    Contract Carrier    Private Carrier

Description of corporate structure. Include any holding companies, parents, subsidiaries and affiliates. Also indicate if any of these entities are included in the insurance quote request. *(Attach separate sheet, if necessary)*

Description of business operations, including commodities hauled. Provide a complete narrative for any operations other than trucking or passenger transportation. *(Attach separate sheet, if necessary)*

Company Website/Email Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Anniversary Rating Date: \_\_\_\_\_

Part 1 – Workers' Compensation States: \_\_\_\_\_

Part 2 – Employers Liability Limit:

Each Accident	Disease Policy Limit	Disease Each Employee
\$ _____	\$ _____	\$ _____

Part 3 – Other States Insurance: \_\_\_\_\_

*Not applicable to ND, OH, WA, WY*

Are any of the following additional coverages requested?

Coverage	Yes	No
U.S.L.&H.		
Voluntary Compensation		
Medical/Indemnity Deductible		
Other:		

**Named Insureds** (If more than 6, attach a separate list.)

	Named Insured	FEIN		Named Insured	FEIN
1			4		
2			5		
3			6		

**Location Information** (If more than 5, attach a separate list.)

	Address	Total Number of Employees	Number of Employees Per Shift		
			1 <sup>st</sup> Shift	2 <sup>nd</sup> Shift	3 <sup>rd</sup> Shift
1					
2					
3					
4					
5					

**Individuals to be Included/Excluded** (Partners, Officers, Others)

Name	DOB	Title / Relationship	Ownership	Duties	Include	Exclude	Class Code	Payroll (include in Rating Info)
			%					
			%					
			%					
			%					
			%					
			%					

**Rating Information** (attach another sheet, if necessary)

State	Class Code	Description	# Full Time Employees	# Part Time Employees	Est. Annual Payroll	Location #
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	

**Payroll/Premium History**

Year	Payroll	Premium	Experience Mod
Projected	\$	\$	
Current Year	\$	\$	
1 <sup>st</sup> Prior Year	\$	\$	
2 <sup>nd</sup> Prior Year	\$	\$	
3 <sup>rd</sup> Prior Year	\$	\$	
4 <sup>th</sup> Prior Year	\$	\$	

**Prior Carrier Information/Loss History**

Year	Carrier Name/Policy Number	# of Claims	Amount Paid	Reserve
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

**GENERAL INFORMATION**

Yes

No

N/A

1. Is workers' compensation for any state to be excluded on this application?  
*If yes, please list the states to be excluded:* \_\_\_\_\_
2. If domiciled in Texas, is the company a Texas Workers' Compensation non-subscriber?
3. If domiciled in Oklahoma, is the company a qualified employer exempt from the Administrative Workers' Compensation Act?
4. Do you have or anticipate having at any time during the policy term employees whose primary work location is in Massachusetts, New Hampshire or New York? *If yes, please provide details.*  
\_\_\_\_\_
5. Are there any special filings required? *If yes, please provide details.*  
\_\_\_\_\_
6. Are you required to sign any waiver of subrogation, hold harmless or permanent/exclusive lease agreements? *If yes, indicate which one(s) and provide a copy.*  
\_\_\_\_\_
7. Do you lease employees to other companies? *If yes, provide the names of the companies and locations/states where the work is performed.*  
\_\_\_\_\_
8. Is there a labor interchange (employee leasing) with any other business/subsidiary?  
*If yes, please provide details.*  
\_\_\_\_\_
9. Has the company undergone any corporate restructuring (merger/combination/separation, bankruptcy, tax liens) in the past 5 years? *If yes, please provide details.*  
\_\_\_\_\_
10. Have you had any coverage declined, cancelled or non-renewed in the last 3 years?  
*If yes, please provide details. NOTE: Question is not applicable in MO.*  
\_\_\_\_\_
11. Do you provide a medical plan for your employees?  
*If yes, what is the percentage of employees enrolled? \_\_\_\_\_%*
12. Is there a contracted medical provider to treat injured employees?
13. Georgia, Virginia, Colorado, Tennessee and Pennsylvania require physician panels to direct medical care. If you work in any of these states, do you currently have physician panels in any of the states? *If yes, please list the states:* \_\_\_\_\_
14. Describe any warehouse operations, including states and number of warehouse employees at each location. *Please attach a separate sheet if necessary.*  
\_\_\_\_\_
15. Do you own, operate or lease aircraft or watercraft? *If yes, please provide details.*  
\_\_\_\_\_

16. Do you perform any work on barges, vessels or docks, over water? *If yes, please provide details.*

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17. Do you or your employees travel on business outside the U.S? *If yes, please provide details.*

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18. Have you had any past or discontinued operations involving hazardous materials?  
*If yes, please provide details.*

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19. Do you currently have any hazardous material handling operations?  
*If yes, describe materials handled, training provided and protective equipment used.*

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What is the frequency of hazardous materials handling? Please specify: (daily, weekly, monthly, etc).

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20. Has a safety or loss control inspection been performed in the past year?

21. Are you enrolled in any Owner Controlled Insurance Program (OCIP) or Contractor Controlled Insurance Program (CCIP)? *If yes, please provide details.*

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22. Are any employees subject to a Collective Bargaining Agreement (CBA)?  
*If yes, please provide a copy of the CBA.*

23. Are permanent/exclusive lease agreements used? *If yes, please provide a copy.*

24. List all states you have employees work in:

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25. When one of your injured employees reports an injury, do you direct your employee to see a particular doctor or clinic you have chosen in advance?  
Do you do this for all states and all locations? *If no, please explain.*

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26. Is applicant engaged in business other than crane, rigging or specialized transport?  
*If yes, please explain.*

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**HIRING PRACTICES**

Yes

No

N/A

1. Are all job applicants interviewed in person?  
Who is involved in the interview process?
- 

What is the annual employee turnover rate? \_\_\_\_\_%

2. Are the following required **before** an employee is hired:
- Background Checks?
  - Drug and Alcohol Screening?
  - Vision Test?
  - Physical Abilities Testing conducted by a Physical Therapist or other medical professional?
  - New DOT Physical with a Designated Medical Provider?

3. Are motor vehicle records checked prior to hire?

4. Are motor vehicle records checked annually on all drivers?

5. Do you have any current drivers with citations for DWI, DUI or reckless driving?  
*If yes, how many?* \_\_\_\_\_

6. What is the annual driver turnover percentage? \_\_\_\_\_%

7. Do you use independent owner operators (IOOs) or independent contractors?  
*If yes, indicate how many are used over the course of a year.* \_\_\_\_\_

8. Do your IOOs or independent contractors work exclusively for you?  
*If no, please provide details on their other employers.*
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9. Do any of your IOOs or independent owner operators carry Occupational Accident (OA) coverage in lieu of Workers' Compensation? *If yes, please provide details.*
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10. Do you have a standard agreement that is signed by you and your IOOs/independent contractors acknowledging that IOOs and/or independent contractors are not covered under your Workers' Compensation policy? *If yes, please provide a copy.*

11. Do you require your IOOs or independent contractors to provide Workers' Compensation certificates of insurance or copies of their Workers' Compensation policies?

12. Is the payroll for IOOs or independent contractors included on the application for Workers' Compensation coverage? *If yes, please provide copies.*

What is included as payroll? \_\_\_\_\_

13. In what states do the IOOs/independent contractors drive? \_\_\_\_\_

14. Are the IOOs/independent contractors' vehicles scheduled on your policy?

15. Are seasonal/temporary or casual/day laborers employed?

*If yes, how often? Please specify (daily, weekly, monthly):* \_\_\_\_\_

How are these employees hired? \_\_\_\_\_

**HIRING PRACTICES - continued**

Yes No N/A

16. Do you have any volunteer workers? *If yes, please provide details.*

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17. Are there any employees subject to a collective bargaining agreement (CBA)?  
*If yes, please provide a copy.*

**SAFETY PRACTICES**

Yes No N/A

1. Has a safety or loss control inspection been performed in the past year? *If yes, please provide a copy of any recommendations developed and actions taken to correct them.*

2. Is there a formal, written safety program in place for occupational injuries?  
*If yes, please provide a copy.*

3. Is there a set procedure for reporting claims, including an accident reporting form?

4. Is there a formal accident report?

5. Are workplace injuries investigated and root cause analysis documented?

6. Has a job hazard analysis been completed for each position?

7. Is there a formal Physical Abilities Testing program conducted by a Physical Therapist or other medical professional? *If yes, please provide a copy.*

8. If you don't have a formal Physical Abilities Testing program, are you willing to establish one?

9. Are safety incentives related to Workers' Compensation offered? *Please specify.*

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10. Do you have a written and implemented "Return to Work" program? *If yes, please attach a copy. Does your program have limitations (e.g. hours per week, drivers only, certain locations or states only)? If yes, please explain.*

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11. Does the Return to Work program include a Physical Abilities Testing conducted by a Physical Therapist or other medical professional?

12. Are you willing to provide wages to an injured employee to work for a volunteer or non-profit organization like the Salvation Army as part of your Return to Work program?

13. When was the last time you offered your Return to Work program to an injured employee?  
*Please explain:*

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14. If you do not offer a Return to Work program, are you willing to create one with National Interstate's assistance?

15. What are the lifting requirements for each of the following positions, as applicable:

Crane Operator: \_\_\_\_\_

Truck Driver: \_\_\_\_\_

Mechanic: \_\_\_\_\_

**WORKERS' COMP REQUIRED UNDERWRITING INFORMATION CHECKLIST**

	<b>National Interstate Workers' Compensation Application</b> (signed)
	<b>Acord Workers' Compensation Application</b> (signed)
	<b>Loss Runs for each applicable entity</b> (company loss runs for the current year and four (4) prior years valued within the past 60 days, along with the circumstances of all claims in excess of \$25,000)
	<b>E-Mod worksheets</b> for each applicable entity and state
	<b>Independent Owner Operator/Independent Contractor Agreement</b> (if applicable)
	<b>Permanent/Exclusive Lease Agreement</b> (if applicable)
	<b>Waiver of Subrogation Agreement</b> (if applicable)
	<b>Hold Harmless Agreement</b> (if applicable)
	<b>Collective Bargaining Agreement (CBA)</b> (if applicable)
	<b>Physical Abilities Testing Program</b> (if applicable)
	<b>Written Safety Program</b> (if applicable)
	<b>Return to Work Program</b> (if applicable)

THIS FORM IS NOT PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE.

<b>FRAUD WARNINGS</b>	
<b>AL</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.
<b>AR</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>CO</b>	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
<b>DC</b>	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>FL</b>	Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
<b>KY</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
<b>LA</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>MD</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>ME</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
<b>NJ</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>NM</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
<b>NY</b>	Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of a claim for each such violation.
<b>OH</b>	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<b>OK</b>	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
<b>PA</b>	Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.
<b>RI</b>	Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>TN</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>VA</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>WA</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>WV</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
	<b>ALL OTHER STATES:</b> Any person who knowingly and with intent to defraud any insurance company or other person, files an application of insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act which is a crime.
<b>In the State of Illinois, the Religious Freedom Protection and Civil Union Act became effective June 1, 2011. Our policies of insurance comply with this Act, which provides that two persons of the same or opposite sex who form a civil union are entitled to the same benefits and protections provided to spouses.</b>	



**APPLICANT'S STATEMENT: *Important - Read Before Signing***

I, the undersigned (applicant), hereby applies for a policy of insurance as set forth in the application on the basis of information and statements contained in the application, all supporting and supplementary documents, and this application statement. The supporting and supplementary documents and this Applicant's Statement are incorporated into and part of the application. The application, all supporting and supplementary documents, and this Applicant's Statement shall be referred to below as the "Application Materials". If a policy is issued, the Application Materials shall be deemed to be attached to and part of the policy.

Applicant understands and acknowledges the following:

That insurer's receipt and consideration of the Application Materials does not obligate insurer to provide a quotation for insurance to applicant.

That any quotations provided will be issued subject to underwriting approval, and will not constitute an offer by the insurer to insure at the quoted rates or prices unless and until such approval has been issued.

That if the initial premium is paid with a check, the coverage provided by the policy is conditioned upon the check being honored when presented for payment, and that if the check is not honored, the policy shall be deemed void from inception due to a lack of consideration.

Applicant declares that it has carefully reviewed the information and statements made in the Application Materials and that such information and statements are true and correct. Applicant agrees that any policy of insurance that may be issued now or in the future will be issued in reliance on the information, statements, warranties, and representations contained therein, and that the policy and renewals thereof may be declared null and void by insurer if the Application Materials, or future statements or documents provided by or on behalf of Applicant, contain information that is incomplete, false, or misleading.

If Applicant applies for a commercial auto policy that is not rated based on mileage, payroll, or other measure of exposure, Applicant warrants and represents that all vehicles owned by, leased to, or used by the Applicant have been disclosed in the Application Materials or otherwise disclosed in writing to insurer, regardless of whether Applicant intends to schedule such vehicles on the policy issued by insurer. If Applicant applies for a commercial auto policy that is exposure rated, Applicant warrants and represents that all mileage, payroll, or other measure of exposure relating to Applicant's operations have been disclosed in the Application Materials or otherwise disclosed in writing to insurer for all applicable periods of time.

Applicant understands that an inquiry may be made that will provide information concerning general reputation, financial stability and other pertinent financial data, credit history, driving experience, vehicle usage, and other information considered by insurer in deciding to issue a policy, in determining the rates therefore, and in adjusting claims. Applicant authorizes insurer to obtain such reports in connection with this policy and all renewals thereof. Upon written request, Applicant will be informed of the source of any reports considered by the insurer.

Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

**Agency Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agent's Signature:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Authorized Signature:** \_\_\_\_\_