

Individual Self-Insured Application

For Excess Workers' Compensation

1. Name of Applicant:	
	<i>Name to appear on policy</i>
Federal I.D. Number:	
2. Street/Mailing Address:	
3. Description of operations (<i>attach copy of most recent audited financials, most current actuarial report [if any], and most current risk management report</i>):	
4. Have there been any significant changes in operations in the past five years or are any anticipated / known for the future? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>	
5. States of Jurisdictions in which applicant will operate as qualified self-insurer:	
6. Date Qualified as a Self-Insurer:	
7. Are there any states in which the applicant operates, but is not qualified to self-insure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please detail:</i>	

8. Locations to be covered (please use separate excel formatted employee concentration form if there are more than five locations):

Total Number of Employees:

Location Address	Construction	Total No. of Employees	Maximum No. of Employees on One Shift

9. Payroll by Class Code Distribution

(please note: Nevada, both Capped & Uncapped payrolls are required):

State	W.C. Code No.	Classification	Prospective Policy Year	1 st Prior Policy Year	2 nd Prior Policy Year	3 rd Prior Policy Year	4 th Prior Policy Year	5 th Prior Policy Year
Totals:								

Current Experience Modification (emod): _____ (Include worksheet or other verification.)

10. Loss Experience (a minimum of 5 years historical / current policy data is required):											
Valuation Date of Loss Data (must be within 180 days of inception date of prospective policy period):											
State	Policy Period From - To	Indem. Paid	Indem. Reserve	Med. Paid	Med. Reserve	Paid Exp. / Legal	Reserve Exp. / Legal	Total Incurred	Total No. of Claims	Total No. of Open Claims	Total No. of Closed Claims

11. Large Loss Information									
Provide the following data for each loss with total incurred loss in excess of \$50,000 in the last five years (attaching a separate page if necessary):									
Date of Loss	Valued As Of	Cause of Loss Description of Injury or Disease	Indem. Paid	Indem. Recd.	Med. Paid	Med. Reserve	Paid Exp. / Legal	Reserve Exp. / Legal	Total Incurred

Note: Identify any losses above, which involved more than one claimant. Be sure to include any multiple claimant loss that combined is in excess of \$50,000.

12. Current Insurer or Reinsurer, Type of Coverage, Endorsements, Limits & Retentions:	
Current Insurer or Reinsurer:	
Endorsements:	
Specific Excess Limit:	
Employers Liability Limit:	
Self-Insured Retention:	
Rate:	
Aggregate Excess Limit:	
Aggregate Loss Fund %:	
Current Estimated Loss Fund:	

13. Proposed Coverage:	
Specific Limit:	\$
Self Insured Retention:	\$
Aggregate Limit:	\$
Aggregate Attachment %:	
Proposed Effective Date:	
Quote Needed By:	
Requested Endorsements:	

14. Service Company Information
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a. Loss Prevention Services	
Name of Company:	
Address:	
Frequency & Type of Service:	
Date Company Began Servicing Accounting:	
Describe / Detail Applicant's Current Loss Control Program:	

b. Claims Administration	
Name of Company:	
Address:	
Phone Number:	
Contact Name & Email:	
Date Company Began Servicing Accounting:	

15. Transportation provided for employees to / from the workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please detail:		
Type	Frequency of Conveyance	Number of Employees per Conveyance

16. Description of travel policy involving three or more employees in the same conveyance (*air, auto, bus, train*) and normal frequency of such circumstances:

17. Do employees receive supplemental benefits in addition to workers' compensation? Description:

18. Any Employees Subject To:

Long-shore and Harbor Workers' Compensation Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jones Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Federal Employer's Liability Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other Federal Acts Exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please detail:

19. Does applicant own, lease, or charter watercraft? Yes No

If yes, please describe watercraft, use, number of crew members, passenger capacity, and whether watercraft is owned, leased or chartered:

20. Does applicant own, lease, or charter aircraft? Yes No

If yes, please attach supplemental aircraft application.

21. Does applicant have any OSHA violations in the past 5 years? Yes No

If yes, what are they and have then been corrected?

22. Does the insured have any part-time or leased employees? Yes No
Does the insured have any employees under the age of 18 or over the age of 60? Yes No

If yes, please detail exposure:

23. Does the insured utilize or have exposure to volunteer labor? Yes No

If yes, please list approximate number of volunteers, what their general duties include, and if they are included in the estimated payroll by class code.

24. Does applicant have any occupational disease exposure? (includes: asbestos, silica dusts, toxins, injurious or hazardous substances, compounds or chemicals, caustics, fumes, radiation, communicable diseases and any other O.D. exposures) Yes No

If yes, please describe measures taken to control:

25. Does applicant have any foreign operations or employees who travel to foreign countries? Yes No

If yes, please detail exposure:

26. Does applicant manufacture, produce, refine, store, distribute or transport gases, gasoline or flammables? Yes No

If yes, please detail:

27. Does applicant perform any underground, subaqueous or tunneling operations? Yes No

If yes, please detail:

28. Does applicant do any wrecking, dismantling or demolition work? Yes No

If yes, please detail:

29. Does the applicant's operations involve exposure to height or to burns? Yes No

If yes, please detail:

30. Does the applicant subcontract any work to others? Yes No

If yes, please describe and advise if use of insured subcontractor is required:



For Additional Information,
Please Contact:

excessworkerscomp@midman.com
800.800.4007
midlandsmgt.com

FRAUD STATEMENT

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. SEE BELOW FOR STATE SPECIFIC FRAUD STATEMENTS.

STATE SPECIFIC FRAUD STATEMENTS:

FRAUD STATEMENT TO ALABAMA APPLICANTS:

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.

FRAUD STATEMENT TO ARIZONA APPLICANTS:

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

FRAUD STATEMENT TO COLORADO APPLICANTS:

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 claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FRAUD STATEMENT TO DISTRICT OF COLUMBIA APPLICANTS:

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.

FRAUD STATEMENT TO FLORIDA APPLICANTS:

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

FRAUD STATEMENT TO HAWAII APPLICANTS:

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

FRAUD STATEMENT TO IDAHO APPLICANTS:

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

FRAUD STATEMENT TO KANSAS APPLICANTS:

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

FRAUD STATEMENT TO KENTUCKY APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

FRAUD STATEMENT TO MAINE APPLICANTS:

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 a denial of insurance benefits.

FRAUD STATEMENT TO MARYLAND APPLICANTS:

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.

FRAUD STATEMENT TO MINNESOTA APPLICANTS:

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD STATEMENT TO NEW HAMPSHIRE APPLICANTS:

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

FRAUD STATEMENT TO NEW JERSEY APPLICANTS:

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

FRAUD STATEMENT TO NEW MEXICO APPLICANTS:

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.

FRAUD STATEMENT TO OHIO APPLICANTS:

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.

FRAUD STATEMENT TO OKLAHOMA APPLICANTS:

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.

FRAUD STATEMENT TO OREGON APPLICANTS:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 1. Material to the risk assumed by us; or
 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

FRAUD STATEMENT TO PENNSYLVANIA APPLICANTS:

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.

FRAUD STATEMENT TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:

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.

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Date

Applicant's Signature

Title