



FARMERS
BUSINESS INSURANCE

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

Renewal Date: \_\_\_\_\_

Quote for Workers Compensation

Business Information

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

First Insured Last Name: \_\_\_\_\_ First Insured First Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Web Address: \_\_\_\_\_ FEIN: \_\_\_\_\_ SIC Code: \_\_\_\_\_

- Business Type: [ ] Individual Proprietor\* [ ] Partnership [ ] Corporation
[ ] Association - Labor Union - Religious Org. [ ] Limited Partner [ ] Joint Venture [ ] Common Ownership
[ ] Joint Employers [ ] LLC [ ] LLP [ ] Trust [ ] Estate [ ] Executor or Trustee [ ] Trade Name
[ ] S Corporation [ ] C Corporation [ ] Open Corporation [ ] Closed Corporation
[ ] Public Agencies [ ] Professional Corporation

Business Information Questions:

Is this a newly formed business or hiring employees for the first time? (Yes / No\*)

- \* What year was the business established? \_\_\_\_\_
\* What year was the current ownership established? \_\_\_\_\_
\* What year were employees first hired with current ownership? \_\_\_\_\_

Is this account being taken out of an Assigned Risk Plan?

- \* On what month and year? (MM/YYYY): \_\_\_\_\_

Is Property and Casualty also insured with Farmer's? (Account Completion Credit)? (Yes / No)

Underwriting Questions:

Answering 'Yes' to the following questions may refer your quote to underwriting for review.

Does the insured's operations have United States Longshoreman & Harbor (USL&H) coverage? (Yes\* / No)

- \*What type of United States Longshoreman & Harbor (USL&H) coverage?
(Coverage for Actual USL&H or Incidental to State Act)

Does the insured own, operate or lease aircraft/watercraft? (Yes / No)

Is there an interchange of labor between owned entities? (Yes / No)

Does the insured utilize volunteer or donated labor? (Yes / No)



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Does the insured have operations that are subject to Federal Acts such as but not limited to Maritime, Jones Act, FELA, FECA, Defense Base Act, Outer Continental Shelf Act, Non-Appropriated Fund Instrumentalities Act, War Hazards Compensation Act? (Yes / No)

Does the insured operate as PEO, employee leasing or temporary employment agency? (Yes / No)

Does the insured's operation include work performed on barges, vessels, docks or bridges over water? (Yes / No)

Does the insured utilize uninsured contractors (including subcontractors) without certificates of insurance? (Yes / No)

Does the insured store, treat, discharge, apply, dispose of or transport hazardous materials including, but not limited to asbestos and lead? (Yes / No)

With the exception of banks, does the insured have armed security guards, guard dogs and/or have firearms on the premises for security purposes? (Yes / No)

Is there foreign travel by covered officers, partners, sole proprietors or employees? (Yes / No)

Does the applicant sponsor athletic teams and require employee participation in associated events? (Yes / No)

Does the insured provide employee transportation to/from job sites? (Yes / No)

**Industry Specific Questions:**

Describe the Business Operations (and Products): \_\_\_\_\_  
\_\_\_\_\_

**Prior Carrier Information** (Additional Information can be placed in Notes Section)

Prior Carrier	Eff. Date	Exp. Date	Loss Runs	Exp. Mod	# of Losses
			( Y / N)		
Total Premium	Total Indemnity Claims		Total Loss Value	Loss Description	
# of Losses over \$25,000					

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Has the applicant had any Business Insurance Policy cancelled in the last 3 years? ( Yes\* / No )

\*Why?: \_\_\_\_\_

(Please collect 4 years of Loss Runs)

**Policy Details**

Number of Locations: \_\_\_\_\_

Year Built: \_\_\_\_\_ (for each location)

Class Code	Description	Annual Payroll	# of Full Time	# of Part Time

**Officers:**

Are there any Officers, Partners or Sole Proprietors that are included or excluded from coverage?

Included\*  Excluded\*  Inactive\*  No

*Title Type	*First Name	*Last Name	*Ownership %	*Payroll
Sole Proprietor or Resident Employee Relative				
*Title	*Responsibilities			

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*Title	*Responsibilities			

**Additional Rating Information:**

The employer contributes at least 50% of their employees' cost of medical benefits for:

- All Employees     Full-Time Employees Only     Management Employees Only

Employees waiting period before benefits take effect (select the closest waiting period):

- 30 Days or less     60 Days     90 days or more

The employer's safety management and cost containment programs include the following features

(Select all that apply):

- Formal Job Descriptions     Lock-out/Tag-out Procedures     Formal, Recurring Safety Training
- Investigation of all injury incidents     Forklift Certification     Ergonomic Workstations     Mandatory Drug Testing
- Driver MVR Pulls     Job Rotation     Post-offer Employment Physical     First Aid Training     Lifting Training
- Full-time Safety Director     Job Site/Work Place Safety Inspections     Safety meetings with documented Attendance
- Use of designated Medical Providers     Direct management oversight of employee's daily work activities
- Early return to work/transitional duty accommodation     Required use of personal protective equipment
- Enforced use of Machine Guarding

**Other Policy Lines:**

- General Liability                      Company: \_\_\_\_\_ X-Date: \_\_\_ / \_\_\_ / \_\_\_
- Umbrella                                      Company: \_\_\_\_\_ X-Date: \_\_\_ / \_\_\_ / \_\_\_
- Employment Practices                      Company: \_\_\_\_\_ X-Date: \_\_\_ / \_\_\_ / \_\_\_
- Pollution Liability                      Company: \_\_\_\_\_ X-Date: \_\_\_ / \_\_\_ / \_\_\_
- Business Life                                      Company: \_\_\_\_\_ X-Date: \_\_\_ / \_\_\_ / \_\_\_
- Personal Lines                                      Company: \_\_\_\_\_ X-Date: \_\_\_ / \_\_\_ / \_\_\_

Notes: