



Agency name: _____
 Address: _____
 Agency #: _____
 Agency contact: _____
 Phone: _____
 Email: _____

C: : 791 G9 CB@M
 5 dd: 8 _____

Print or type. All areas of the application that are not specified "OFFICE USE ONLY" or shaded **MUST BE COMPLETED**. Incomplete applications can not be processed and **WILL BE RETURNED**. For assistance, call the State Insurance Fund at 1-800-334-2370 (332-2100 in the Boise area).

D5 FH %E; 9 B9 F5 @-B: CFA 5 HCB

Proposed policy period: ***** to ***

Applicant name:	Federal ID #
Trade name (if any) (DBA):	NCCI Risk ID #
Mailing address:	Business phone:
City: State: ZIP:	Business fax:
Business address/Idaho work location:	E-mail address:
Billing address:	Web site:
Contact person and title:	Contact phone:

Type of ownership: Corporation Partnership Individual Non-profit Corp. Limited Liability Co. Other: _____

9 a d'cmYfg:]UV]]mi]bgi fUbW. DUh CbY of the policy applies to the Workers Compensation Law of Idaho. DUh Hkc of the policy applies to employers liability insurance for work in Idaho. The limits of our liability under Part Two are standard: Bodily injury by accident - \$100,000 each accident; bodily injury by disease - \$100,000 each employee; bodily injury by disease - \$500,000 policy limit. Increased limits are available upon request.

8 c'nei 'k]g\ 'lc 'fYei Ygh]bWYUgYX"]a]hg'cb'Ya d'cmYfg"]UV]]mi]bgi fUbW3

Yes No

If yes, what limits are requested?

Bodily injury by accident (\$100,000 min.):

Bodily injury by disease, each employee (\$100,000 min.):

Bodily injury by disease, policy limit (\$500,000 min.):

D5 FH & E6 I G-B9 GG 8 9 G7 F-DHCB / 7 @ GG= 7 5 HCB

In order to properly classify your business and estimate premium, please provide a specific description of your operation. Be as thorough as possible. (Attach a separate sheet if necessary.)

8 YgW]d]cb'cZk cf _'VmiM]cZYa d'cmYY	Bi a VYf'cZ Ya d'cmYg	9 gh]a UHY'Ubbi U' dUfnc	7 cXY'Be"	FUY	9 gh]a UHY'Ubbi U' dfYa]i a
	
	
	
	
	
	
	
	
	
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PART 3 – OWNERSHIP

List the names of sole proprietor, partners, members of an LLC, officers and directors of a corporation, trustees of a trust or receivership. See the attached Schedule of Exempt Employments for exemptions on ownership. Please attach a separate sheet if there are more than five owners.

Name: First, MI, Last	Date of birth	Social Security Number	Percent owned	Business title	Idaho resident		Coverage desired		If yes, annual wage
					Yes	No	Yes	No	
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If corporate officer, are you also a director? <input type="checkbox"/> Yes <input type="checkbox"/> No Active? <input type="checkbox"/> Yes <input type="checkbox"/> No					Job duties:				
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If corporate officer, are you also a director? <input type="checkbox"/> Yes <input type="checkbox"/> No Active? <input type="checkbox"/> Yes <input type="checkbox"/> No					Job duties:				
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If corporate officer, are you also a director? <input type="checkbox"/> Yes <input type="checkbox"/> No Active? <input type="checkbox"/> Yes <input type="checkbox"/> No					Job duties:				
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If corporate officer, are you also a director? <input type="checkbox"/> Yes <input type="checkbox"/> No Active? <input type="checkbox"/> Yes <input type="checkbox"/> No					Job duties:				
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If corporate officer, are you also a director? <input type="checkbox"/> Yes <input type="checkbox"/> No Active? <input type="checkbox"/> Yes <input type="checkbox"/> No					Job duties:				

PART 4 – PRIOR COVERAGE AND GENERAL INFORMATION

Please provide information about prior coverage for the past five years.

Year	Carrier	Policy number	Est. annual premium	Losses
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

How long has this business been in existence?	Do you hire subcontractors or contract labor? <input type="checkbox"/> Yes <input type="checkbox"/> No
How long has the present ownership owned this business?	Do you require certificates of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you take Idaho employees into other states to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list those states you travel into to transact business:	Do any owners of this business own or have partial ownership in any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Do you have an accountant for workers compensation payroll reporting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give accountant's name, address, and phone number:	Do you have a formal written safety program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you hold safety meetings? Yes No Who is in charge of safety for your business?
Do you have a business checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give name of bank and branch.	Do you hire more than 10% part-time or temporary employees from an employee leasing or temporary agency? Yes No If yes, please explain:
Have you or your business ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the current status?	Does your business utilize any volunteer or unpaid labor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Do you own or lease any aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many seats (excluding pilot)? Please describe (model, etc.) the aircraft:	Do you perform any work underground or above 15 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Is the aircraft used to transport employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you share employees, premises, or equipment with any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Do you perform any work on barges, vessels, docks, or bridges over water? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Do any of your employees predominantly work at home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Do you sponsor athletic teams? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are your employees involved with the team or with maintenance of equipment associated with the team activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Does your company have a formal drug-free workplace program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If there are areas of account servicing that you would like to see improved in either a previous or current policy, please let us know:	

D5 FH') '9L9ADH9AD@CMA9BHG'

Pursuant to Idaho law (Idaho Code Section 72-212), **h Y'Ya d'cma Ybng XYgWJVYX' VY'ck 'UFY' bchVcj YfYX** under a workers compensation insurance policy issued by the State Insurance Fund, unless a written election is filed with the Industrial Commission. Indicate below if you would like coverage for any of the following employments. If so, you will be provided with declaration forms and, if approved by the State Insurance Fund, the declaration will be filed with the Industrial Commission.

- 1. Household domestic service.
- 2. Casual employment. (Part-time and seasonal employment are not casual employment.)
- 3. Employment of outworkers.
- 4. Employment of members of an employer's family dwelling in his/her household if the employer is the owner of a sole proprietorship or a single member LLC that is taxed as a sole proprietorship.
- 5. Employment as the owner of a sole proprietorship; employment of a working member of a partnership or a limited liability company; employment of an officer of a corporation who at all times during the period involved owns not less than ten percent (10%) of all of the issued and outstanding voting stock of the corporation and, if the corporation has directors, is also a director thereof.
- 6. Employment for which a rule of liability for injury, occupational disease, or death is provided by the laws of the United States.
- 7. Associate real estate brokers and real estate salesmen. Service performed by an individual for a real estate broker as an associate real estate broker or as a real estate salesman, if all such service performed by such individual for such person is performed for remuneration solely by way of commission.
- 8. Voluntary Ski Patrol.
- 9. Officials of the athletic contests involving secondary schools, as defined by Section 33-119, Idaho Code.

D5 FH* 'E9 @7HCB: CF'9L9ADHCB'

: Ua]mia Ya VYfg'bchXk Y']b[]b'h Y\ ci gY c'X'

If the employer is the owner of a sole proprietorship, the employment of members of the **employer's family not dwelling in the employer's household are included as covered employment** under the workers compensation policy issued by the State Insurance Fund, **unless** the family member has **opted out** of coverage by filing a written declaration of election for exemption with the Industrial Commission. The exemption, if approved by the Industrial Commission, should be forwarded to the State Insurance Fund so that the policy will reflect the change of status of the family member/employee. "Member of employer's family" for the purposes of the election for exemption means a natural person or the spouse of a natural person who is related to the employer by blood, adoption or marriage within the first degree of consanguinity or a grandchild or spouse of a grandchild. Idaho Code Section 72-212(5).

D]c]g'cZ5[f]W' hi fU' GdfUn]b['cf'8i g]b['D'UbYg'

Employment as a pilot of an aircraft, while actually operating an aircraft for the purpose of applying fertilizers or pesticides to agricultural crops, shall be exempt from the provisions of the workers compensation law, provided all requirements specified in Idaho Code Section 72-212 (8a) and (8b) are met.

D5 FH+'1'57?BCK @8; 9A9BH'

The undersigned Applicant certifies that he or she has read the foregoing application and certifies that all of the information contained in the application is true, accurate, and complete. Further, Applicant understands that SIF will rely on the information contained in this application in the issuance of a policy.

By signing this application for insurance, the undersigned hereby authorizes the State Insurance Fund to use the information provided herein to conduct any and all investigations as deemed prudent and also consents to the State Insurance Fund obtaining of a consumer credit report on the applicant for the purpose of evaluating the applicant's creditworthiness, in connection with the application for insurance.

Mistakes happen, if you spot or realize an error, please contact us and we will work with you to sort things out. Please be aware that 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.

Date: _____

Owner/Partner/Officer/LLC Member's Signature

Title

Date:

Agency: _____

Producer: _____

Producer's Signature: _____