

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 Email:

Stop Gap – Employers’ Liability Insurance Supplemental Application

AVAILABLE IN THE STATES OF NORTH DAKOTA, OHIO, WASHINGTON AND WYOMING ONLY
 All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant’s Name _____ Agent _____

Applicant Mailing Address _____ Applicant’s Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

List all locations:

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. Years in Business? _____ Years of Experience in this field? _____

2. State nature of your business / description of operations / occupancy by location.

COVERAGE LIMITS DESIRED:

COVERAGE	LIMITS OF INSURANCE (SELECT ONE)			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BODILY INJURY BY ACCIDENT EACH ACCIDENT:	\$100,000	\$300,000	\$ 500,000	\$1,000,000
BODILY INJURY BY DISEASE EACH EMPLOYEE :	\$100,000	\$300,000	\$ 500,000	\$1,000,000
BODILY INJURY BY DISEASE AGGREGATE LIMIT:	\$200,000	\$600,000	\$1,000,000	\$2,000,000

SCHEDULE OF HAZARDS (Attach a separate sheet, if necessary)

PROVIDE THE FOLLOWING INFORMATION REGARDING EACH WORKERS COMPENSATION CLASS CODE

WORK COMP CODE NUMBER	CLASSIFICATION	NUMBER OF EMPLOYEES	ESTIMATED ANNUAL GROSS PAYROLL

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. Are there any actual or anticipated Occupational Disease exposures involved in your operations? Yes No
2. Any operations sold, acquired, or discontinued in the last 5 years?..... Yes No
3. Do you have a formal safety program in place?..... Yes No
4. Do you conduct workplace safety meetings? Yes No
5. Any exposure to flammables, explosives or chemicals?..... Yes No
6. Do you have any employees who are subject to:..... Yes No
 - Longshoremen and Harbor Workers Act (USL&H)..... Yes No _____%
 - Jones Act Yes No _____%
 - Federal Employers Liability Act Yes No _____%

(If yes, include percentage of your total annual payroll)
7. Have you ever received a citation or penalty from OSHA for workplace violations?..... Yes No
(If yes, provide complete details)
8. If yes, have all conditions surrounding the citation/penalty been corrected? Yes No
9. Do you employ a full time doctor or nurse?..... Yes No
10. Do you now, or have future plans to own, lease or charter any watercraft? Yes No
11. Do you now, or have future plans to own, lease or charter any aircraft? Yes No
12. Do you lease employees to other employers? Yes No
13. Do you lease employees from other employers? Yes No

Remarks: _____

CURRENT CARRIER INFORMATION

	CARRIER	LIMITS
GENERAL LIABILITY		
STOP GAP		
Do you maintain separate Workers Compensation Coverage (where available)..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
WORKERS COMPENSATION		

PRIOR LOSS INFORMATION

COVERAGE	DATE OF LOSS	DESCRIPTION OF LOSS	TOTAL AMOUNT PAID	OUTSTANDING RESERVES
		_____ _____		
		_____ _____		

Has the applicant been cancelled or non-renewed in the last three years? Yes No

If yes, Explain. _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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.

Colorado: 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 a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: 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.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: 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, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or 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.

Kentucky, Ohio, Pennsylvania: 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.

Maine, Tennessee, Virginia, Washington: 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.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or 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.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: 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.

New York: 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 the claim for each such violation.

Oklahoma 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.

Oregon: 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.

Producer's Signature

Date

Applicant's Signature

Date