



WORKERS' COMPENSATION INSURANCE APPLICATION

Insurance provided by
Member Companies of
American International Group, Inc.

APPLICANT'S NAME & ADDRESS				PRODUCER NAME & ADDRESS	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER		TYPE OF BUSINESS	Years in Business
FEDERAL I.D. NUMBER		RATING BUREAU I.D. NUMBER		QUOTE BY: ISSUE EFFECTIVE:	
				TELEPHONE NUMBER	FAX NUMBER
LOCATIONS				SPECIFIC OPERATIONS CONDUCTED:	
#	STREET / CITY / STATE				
1					
2					
3					
4					
5					

POLICY INFORMATION					
PREVIOUS INSURER	POLICY NUMBER	Proposed Eff. Date (MO/DA/YR)	Proposed Exp. Date (MO/DA/YR)	Normal Anniversary Rating Date	MOD.
PREVIOUS COVERAGE INCEPTION AND EXPIRATION					
STATES COVERED	EMP. LIAB. LIMITS \$	PROPOSED STATES COVERED	PAYMENT PLAN <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY		AUDIT PERIOD <input type="checkbox"/> EXPIRATION <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY
PREVIOUS RATING PLAN <input type="checkbox"/> GUARANTEED COST <input type="checkbox"/> DIVIDEND TYPE _____		PROPOSED EMPL. LIAB. LIMITS <input type="checkbox"/> RETROSPECTIVE <input type="checkbox"/> RETENTION			

RATING INFORMATION						
STATE	CLASS CODE	DUTIES OR CLASSIFICATIONS	NO. OF EMPLOYEES	ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM
				\$		\$
				\$		\$
				\$		\$
				\$		\$
				\$		\$
				\$		\$
				\$		\$
SPECIFY ADDITIONAL COVERAGES/ENDORSEMENTS <input type="checkbox"/> STOP GAP EMPLOYERS LIABILITY <input type="checkbox"/> VOLUNTARY COMPENSATION <input type="checkbox"/> FOREIGN VOLUNTARY COMPENSATION <input type="checkbox"/> REPATRIATION @ \$5000 LIMIT OTHER LIMIT _____ <input type="checkbox"/> US LONGSHOREMEN & HARBOR WORKERS ACT <input type="checkbox"/> DEFENSE BASE ACT <input type="checkbox"/> OUTER CONTINENTAL SHELF ACT <input type="checkbox"/> MARITIME/JONES ACT _____ \$ LIMITS <input type="checkbox"/> OTHER				TOTAL \$	\$	
				EXPERIENCE MODIFICATION	\$	
				MODIFIED PREMIUM	\$	
					\$	
					\$	
				PREMIUM DISCOUNT	\$	
				TAX/ASSESSMENTS	\$	
				EXPENSE CONSTANT	\$	
TOTAL ESTIMATED ANNUAL PREMIUM				\$		
MINIMUM \$		DEPOSIT PREMIUM \$				

INDIVIDUALS INCLUDED/EXCLUDED

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. Remuneration To Be Included Must Be Part Of Rating Information Section.

#	NAME	TITLE/RELATIONSHIP	DUTIES	INC./EXC.	CLASS CODE	PAYROLL
1						
2						
3						
4						
5						
6						

PRIOR EXPERIENCE

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS

YEAR	INSURER & POLICY NUMBER	ANNUAL PREMIUM	MOD.	# CLAIMS	AMOUNT PAID	RESERVE	TOTAL

NATURE OF BUSINESS AND DESCRIPTION OF OPERATION

TYPE OF BUSINESS _____

PRIMARY OPERATIONS _____

SECONDARY OPERATIONS _____

ANY OTHER OPERATIONS _____

TYPE AND # OF AIRCRAFT OR EQUIPMENT _____

BASE OF AIRCRAFT OPERATIONS _____

PRIMARY DESTINATIONS OF OPERATIONS _____

ANY OVERSEAS OPERATIONS? DESTINATIONS _____

DESCRIBE ANY SEAPLANE, FLOAT, SKI OR BUSH OPERATIONS _____

ANY ANTIQUE OR EX-MILITARY AIRCRAFT? OPERATIONS _____

ANY EXPERIMENTAL AIRCRAFT OR PUBLIC EXHIBITIONS _____

ANY OTHER UNUSUAL OR UNIQUE OPERATIONS _____

DESCRIBE PILOT QUALIFICATION BY TYPE AIRCRAFT AND/OR OPERATIONS: CONTINUE IN REMARKS IF NECESSARY

1. _____

2. _____

3. _____

GENERAL INFORMATION

PLEASE PROVIDE ALL THE REQUIRED DETAILS FOR "YES" RESPONSES BY USING THE REMARKS AREA BELOW. ATTACH ADDITIONAL SHEET IF NECESSARY.

	YES	NO		YES	NO
(1) Is Any Contract Labor Used? Type? Number? Payroll?			(10) Any Employees Under 16 Or Over 60 Years Of Age? Number? Duties?		
(2) Any Exposure To Explosives? Caustics? Fumes? How Controlled?			(11) Any Part Time Or Seasonal Employees? Number? Duties? When?		
(3) Any Exposure To Radioactive Materials? Hazardous Cargo?			(12) Is There Any Volunteer Or Donated Labor? To Whom? For What?		
(4) Any Work Performed On Barges, Vessels, Docks? Off Shore Oil Rigs?			(13) Any Employees Leased Or Contracted To Others? Explain.		
(5) Is Applicant Engaged In Any Other Type Of Business? Type? Name?			(14) Do Employees Travel Out Of Country? Where? Duration Of Stay?		
(6) Are Contractors Used? For What Part Of Operation?			(15) Are Athletic Teams Sponsored? Type? Location?		
(7) Any Work Contracted Without Certificates Of Insurance? Filed Where?			(16) Are Pre-Employment Physicals Required Other Than FAA Physicals For Pilots?		
(8) Is Formal Safety Program (Other Than FAA) In Effect?			(17) Any Other Insurance With This Insurer? If So Describe Below. Policy #? Effective?		
(9) Any Group Transportation Provided? Aircraft? Ground?			(18) Any Prior Coverage Declined/Cancelled/Non-Renewed (Last 3 yrs.)?		

INSPECTION (CONTACT/PHONE) _____ ACCOUNTING RECORDS (CONTACT/PHONE) _____

OTHER COVERAGE WRITTEN THROUGH AIG AVIATION, INC. _____

REMARKS _____

NOTICE TO NEW YORK 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, 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."

NOTICE 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."

NOTICE TO KENTUCKY APPLICANTS: "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."

NOTICE 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."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE 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 IN THE THIRD DEGREE."

NOTICE 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 A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

NOTICE TO ARKANSAS 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 FINES AND CONFINEMENT IN PRISON."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE AND MISLEADING INFORMATION TO ANY PARTY TO A WORKERS' COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

NOTICE TO UTAH APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT UNDERWRITING INFORMATION, FILES OR CAUSES TO BE FILED A FALSE OR FRAUDULENT CLAIM FOR DISABILITY COMPENSATION OR MEDICAL BENEFITS. OR SUBMITS A FALSE OR FRAUDULENT REPORT OR BILLING FOR HEALTH CARE FEES OR OTHER PROFESSIONAL SERVICES IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

NOTICE 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 INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS"

NOTICE 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."

ALL ANSWERS HEREIN ARE WARRANTED TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND NO INFORMATION HAS BEEN WITHHELD OR SUPPRESSED, AND I/WE AGREE THAT THIS APPLICATION AND THE TERMS AND CONDITIONS OF THE POLICY IN USE BY THE INSURER SHALL BE THE BASIS OF ANY CONTRACT BETWEEN ME/US AND THE INSURER.

APPLICANT'S
SIGNATURE

DATE

PRODUCER'S
SIGNATURE

DATE