

PLEASE COMPLETE, SIGN AND RETURN TO KBIWCF

Nature of Business/Description of Operations

(Give comments and Descriptions of Business operations and products: **Manufacturing** - raw materials, processes, products and equipment. **Contractor** - type of work, sub-contracts. **Mercantile** - merchandise, customers, deliveries. **Service** - type, location. **Farm** - acreage, animals, machinery, sub-contracts).

General Information (Explain all Yes Responses in Remarks Section).

- | | YES / NO |
|--|-----------|
| 1. Does Applicant own, operate or lease aircraft/watercraft? | ____/____ |
| 2. Do/have past, present or discontinued operations involve(d) storing, treating discharging, applying, disposing or transporting hazardous material? (e.g. landfills, wastes, fuel tanks, etc). | ____/____ |
| 3. Any work performed underground or above 15 feet? | ____/____ |
| 4. Any work performed on barges, vessels, docks, and bridges over water? | ____/____ |
| 5. Is applicant engaged in any other type of business? | ____/____ |
| 6. Are sub-contractors used? (If so, give % of work performed by subs). | ____/____ |
| 7. Is any work sublet without certificates of insurance? | ____/____ |
| 8. Is a written safety program in operation? | ____/____ |
| 9. Any group transportation provided? | ____/____ |
| 10. Any employees under 16 or over 60 years of age? | ____/____ |
| 11. Any seasonal employees? | ____/____ |
| 12. Is there any volunteer or donated labor? | ____/____ |
| 13. Any employees with physical handicaps? | ____/____ |
| 14. Do employees travel out of state? | ____/____ |
| 15. Are athletic teams sponsored? | ____/____ |
| 16. Are physicals required after offers of employment are made? | ____/____ |
| 17. Any other insurance with this insured? | ____/____ |
| 18. Any prior coverage declined/cancelled/non-renewed? (Last 3 years). | ____/____ |
| 19. Are employee health plans provided? | ____/____ |
| 20. Is there a labor interchange with any other business/subsidiary? | ____/____ |
| 21. Do you lease employees to or from other employers? | ____/____ |
| 22. Do any employees predominately work at home? | ____/____ |
| 23. Any tax liens or bankruptcies within the last 5 years? | ____/____ |
| 24. Any undisputed and/or unpaid workers compensation premium due from you? | ____/____ |

Any person who willfully, knowingly or intentionally misrepresents to an insurance company the classifications of employees or an employer, or the location, number of employees, or true identity of the employer with the intent to lessen or reduce the premium otherwise chargeable for workers compensation insurance coverage or makes false or misleading statements; misrepresents or conceals material facts, fabricates, alters, conceals or destroys documents or conspires thereto commits a fraudulent insurance practice which is a crime and subjects the person to criminal and civil penalties.

*REMARKS:

Applicant's Signature

Date: _____

Producer's Signature

Date: _____