

Workers' Compensation Application (Acord 130) Transmittal Sheet

Forward new business submissions with this completed form to Michelle St. Angelo at mstangelo@massagent.com or contact her for questions at 508-634-7364

Named Insured:	
Requested Effective Date:	
Select Quote/Binding Option:	
Provide a quote and wait for request to bind.	
Quote is NOT needed. Please bind coverage and provide binder.	
Agency Contact Name	
Contact's Email:	
Agency City/Town:	

Application Instructions:

On application be sure to complete/include the below information:

- Agency Name, Address, Phone & Email
- Applicant/Client Name (include DBA), Phone Number (required) & Mailing Address
- Yrs. in Business
- Type of Business: Individual, Corp, etc.
- FEIN
- Proposed Effective Date
- Part 1 States
- Part 2 Employer's Liability Limits
- Detailed description of business outlining duties of all staff and website.
- Complete ALL General Information questions and explain any YES answers under Remarks!
- Rating Information by location: Class Code, Phraseology, # Employees, Payroll

Owners & Officers Included / Excluded:

- All owners and officers must be listed, whether included or NOT!
- Provide Title, Ownership %, request to Include/Exclude, Class Code, and Payroll.
- Sole Proprietors, Partners/LLC Members are AUTOMATICALLY EXCLUDED!
 - To Include: provide signed "Letter of Inclusion" on insured's letterhead.
 - Minimum/Maximum Payroll is \$64,300 effective October 1, 2022.
- Corporations AUTOMATICALLY INCLUDE all "active" officers
 - To Exclude: must have at least 25% ownership and Approved DIA Form 153.
 - Minimum Payroll: \$14,560 / Maximum Payroll: \$73,320 effective October 1,
 2022.

Prior Coverage:

- Provide prior carrier(s) if applicable.
- Provide reasons if no prior coverage (e.g., new business, adding employees)

4 Years Loss Runs:

- Required by The Hartford and Norfolk & Dedham if there were any claims within past three (3) years.
- Alternative Market requires

Signatures:

• Insured AND agent signatures required on the application.

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CONTACT INFORMATION

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION				
ACCTNG RECORD CLAIMS INFO				
CLAIMS				

INDIVIDUALS INCLUDED/EXCLUDED

PART	PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.)										
STATE	LOC#	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER- SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL		

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ANY GROUP TRANSPORTATION PROVIDED?	S A WI	RITTEN SAFETY PROGRAM IN OPERATION?						
ANY GROUP TRANSPORTATION PROVIDED?								
ANY GROUP TRANSPORTATION PROVIDED?								
	ANY G	ROUP TRANSPORTATION PROVIDED?					1	

11. ANY SEASONAL EMPLOYEES?

12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)

AGENCY CUSTOMER ID:

GENERAL INFORMATION (continued)			
EXPLAIN ALL "YES" RESPONSES			YES NO
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?			
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state	e(s) of travel and frequency)	
15. ARE ATHLETIC TEAMS SPONSORED?			
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT A	ADE MADE?		
10. ARETHOGOLOREGOINED AFTER OFFEROOF ENFEOTMENT A	AINE MADE:		
17. ANY OTHER INSURANCE WITH THIS INSURER?			
18. ANY PRIOR COVERAGE DECLINED/ CANCELLED/NON-RENEWED	O IN THE LAST THREE (3)	YEARS? (Not applicable in MO)	
40. ADE EMPLOYEE HEALTH BLANC BROWESS			
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?			
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSE	S OR SUBSIDIARIES?		
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS'	?		
SS. DO ANN EMPLOYEES PREPONINANTLY MORK AT HOMES WINE			
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YE	:S", # of Employees:		
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YE	APS2 (If "VES" places or	pocify)	
23. ANT TAX EIENS ON BANKKOFTOT WITHIN THE EAST TIVE (3) TE	ANO: (II TEO, please s	occity)	
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PR	EMIUM DUE FROM YOU	OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES?	
IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUM			
REMARKS (Attach additional sheets if more space	is required)		
REMARKS (Attach additional sheets if filore space	e is required)		
APPLICABLE IN TENNESSEE AND VERMONT: IT IS	A CRIME TO KNO	WINGLY PROVIDE FALSE, INCOMPLETE OR MISLEA	DING INFORMATION TO
		FOR THE PURPOSE OF COMMITTING FRAUD.	
IMPRISONMENT, FINES AND DENIAL OF INSURANCE			
·		NV NICHE AND COMPANY OF THE COMPANY	
		NY INSURANCE COMPANY OR ANOTHER PERSON	
		ATERIALLY FALSE INFORMATION, OR CONCEALS	
		RETO, COMMITS A FRAUDULENT INSURANCE ACT,	
		IL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, 0	JH, UK, UR, TN or VT; in
DC, LA, ME, VA and WA, insurance benefits may also be	be denied)		
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
·			