



Workers Compensation Application

| | |
|-------------------------|---|
| AGENCY NAME: | CMR AGENCY CODE # (IF KNOWN): |
| AGENCY MAILING ADDRESS: | AGENCY PHONE: |
| | AGENCY CONTACT EMAIL: |
| AGENCY CONTACT: | ARE YOU THE INCUMBENT BROKER? <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | | |
|--|-------------------------|-----------------|
| POLICY EFFECTIVE DATE: | POLICY EXPIRATION DATE: | QUOTE DUE DATE: |
| PAY PLAN: ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> | | |

| |
|----------------------------|
| APPLICANT NAME: |
| APPLICANT MAILING ADDRESS: |
| CONTACT NAME: |
| CONTACT EMAIL/PHONE: |

All WC New Business submissions should include: CMRIC WC New Business Application, five (5) year currently valued loss runs (for those years not insured under this program) and any other information indicated on any of the supplemental sections of this questionnaire (as applicable).

| | |
|---|---|
| PAYROLL CLASS 965-SCHOOLS & UNIVERSITIES: <i>Includes but is not limited to Administrative, Instructional, Cafeteria/Food Service, Transportation, Custodial, Maintenance Staff</i> | <u>ESTIMATED PAYROLL/REMUNERATION</u> \$ |
| PAYROLL CLASS 893-INTERMEDIATE UNITS: <i>Includes but is not limited to Administrative, Instructional, Cafeteria/Food Service, Transportation, Custodial, Maintenance Staff</i> | <u>ESTIMATED PAYROLL/REMUNERATION</u> \$ |

| | |
|--|---|
| EMPLOYER'S LIABILITY OPTIONS: (CHOOSE ONE) | <input type="checkbox"/> \$100,000/500,000/100,000 (standard/no additional premium) |
| | <input type="checkbox"/> \$500,000/500,000/500,000 (additional surcharge applies) |
| | <input type="checkbox"/> \$1,000,000/1,000,000/1,000,000 (additional surcharge applies) |

| | |
|--|--|
| PER CLAIM DEDUCTIBLE OPTIONS: (CHOOSE ONE) | <input type="checkbox"/> \$0 |
| | <input type="checkbox"/> \$1000 |
| | <input type="checkbox"/> \$5000 |
| | <input type="checkbox"/> \$10,000 |

| PRIOR CARRIER INFORMATION | | | |
|---------------------------|------------------|----------------|---------|
| YEAR | CARRIER/POLICY # | ANNUAL PREMIUM | PAYROLL |
| 2017-2018 | | | |
| 2016-2017 | | | |
| 2015-2016 | | | |
| 2014-2015 | | | |
| 2013-2014 | | | |

Please provide the following Underwriting Information

- Does the applicant have a state certified Safety Committee for the new policy term?(Certification letter must be received prior to policy issuance to receive the credit.) YES NO
- Does the applicant have a current panel of physicians/provider panel? (If YES, included a copy of current panel.) YES NO
- Are pre-employment screening practices in place for all positions **INCLUDING PHYSICAL ABILITIES TESTING?** (If YES, provide copy of the practice followed) YES NO
- Is there a **FORMAL WRITTEN** modified duty/return to work plan in place? (If YES, submit a copy of current procedures.) YES NO
- Is there any out of state or foreign travel? (If YES, provide details including duties, trip frequency and country(ies) visited) YES NO

- Are there any shared services regarding personnel being utilized? (If YES, provide a copy of the contract(s) for review or describe below.) YES NO



Pennsylvania Fraud Warning – 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.

Must be signed by the Chief School Administrator or Chief School Business Administrator for the District.

Insured Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Broker Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

CM REGENT INSURANCE COMPANY

300 Sterling Parkway, Suite 100

Mechanicsburg, PA 17050-2937

submissions@cmregent.com

