

**US SPECIALTY UNDERWRITERS, INC.**  
11801 Grand River Rd., Brighton, MI 48116  
(440) 605-6100

Date: \_\_\_\_\_ Submitted By: \_\_\_\_\_  
Insured: \_\_\_\_\_ Producer: \_\_\_\_\_  
Address: \_\_\_\_\_

**APPLICATION FOR EXCESS WORKERS' COMPENSATION**

1.) NAMED INSURED (exactly as it is to appear on the policy):

\_\_\_\_\_

2.) ADDRESS:

\_\_\_\_\_

3.) EFFECTIVE DATE::

\_\_\_\_\_

4.) STATES IN WHICH INSURED IS APPROVED FOR SELF-INSURANCE AND APPROVAL DATES:

\_\_\_\_\_

5.) DESCRIPTION OF OPERATIONS, PROCESSES AND PRODUCTS OF APPLICANT AND SUBSIDIARIES (attach copy of current and comprehensive loss prevention inspection reports, products brochure, annual report or 10-K report, and copy of self-insurance application filed with the state):

\_\_\_\_\_

6.) LOCATIONS TO BE INSURED (attach separate page if necessary):

ADDRESS	NO. OF EMPLOYEES	OPERATIONS

7.) **RATING INFORMATION** (to be provided separately for each state to be included under this coverage):

STATE	CLASSIFICATION	NO. OF EMPLOYEES	WC CODE	EST GROSS PAYROLL
<b>TOTAL:</b>				

8.) **AGGREGATE LOSS EXPERIENCE** (most recent 10 years' claims data for each state to be included under this coverage):

Dates	Total Annual Payroll	Indemnity Paid	Medical Paid	Indemnity Unpaid	Medical Unpaid	Total No. Claims	Total Incurred	Valuation Dates

9.) **LARGE LOSS EXPERIENCE** (list all individual claims occurring within the past 10 years valued in excess of \$100,000):

Date of Loss	State	Description of Loss, Injury, Disease	Indemnity Paid	Medical Paid	Indemnity Unpaid	Medical Unpaid	Total Incurred	Status

10.) **EXPOSURE INFORMATION:**

- A) Are there any occupational disease exposures in applicant's operations?  YES  NO
- B) Are there any exposures under Jones Act, Federal Railroad Employees Act (FELA), or Federal Longshoreman's and Harbour Workers' Act (USL&H)?  YES  NO
- C) Does applicant own, charter, or lease any aircraft or watercraft?  YES  NO
- D) Are there any exposures outside the U.S.A.?  YES  NO
- E) Does applicant manufacture, produce, refine, store distribute or transport, gasses, gasoline, or flammables?  YES  NO

- F) Is the applicant engaged in the production, distribution, handling, or storing of explosives or explosive substances?  YES  NO
- G) Does the applicant perform underground tunneling or subaqueous operations?  YES  NO
- H) Does the applicant perform any operations involving exposure to heights?  YES  NO
- I) Has the applicant been cited for OSHA violations within the past five years?  YES  NO
- J) Are there any exposures to toxic chemicals?  YES  NO
- K) Have there been any significant changes in exposures over the last five years?  YES  NO

ATTACH DETAILS OF ANY EXPOSURES IDENTIFIED ABOVE

11.) LOSS PREVENTION SERVICES:

Name of company: \_\_\_\_\_

Address: \_\_\_\_\_

Frequency and type of service: \_\_\_\_\_

Is applicant's property insurance underwritten through a HPR facility?  YES  NO

12.) CLAIMS ADMINISTRATION:

Name of company: \_\_\_\_\_

Street Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Is managed care utilized?  YES  NO  
 If yes, indicate managed care organization utilized, if any \_\_\_\_\_

13.) SUPPLEMENTAL VEHICULAR INFORMATION:

No. of... Cars \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Buses \_\_\_\_\_ Other \_\_\_\_\_

States in which vehicles operate: \_\_\_\_\_

Does applicant use or provide buses, trucks, or vans to transport employees?  YES  NO

If yes, list vehicles below including passenger capacity and radius of operation.

Does applicant transport goods for others?  YES  NO  
If yes, indicate type of goods transported, radius of operations and types of vehicles used.

14.) PROGRAM TO BE QUOTED:

CURRENT PROGRAM:

Quote needed by: \_\_\_\_\_ Specific limits: WC \_\_\_\_\_

Specific limits: WC \_\_\_\_\_ EL \_\_\_\_\_

EL \_\_\_\_\_ Retentions: \_\_\_\_\_

Retentions: \_\_\_\_\_ Aggregate limits: \_\_\_\_\_

Aggregate limits: \_\_\_\_\_ Aggregate retention: \_\_\_\_\_

Aggregate retention: \_\_\_\_\_ Who is current insurer? \_\_\_\_\_

Rate/Premium: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Applicant