

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 Email:



Stop Gap – Employers’ Liability Insurance Supplemental Application

AVAILABLE IN THE STATES OF NORTH DAKOTA, OHIO, WASHINGTON AND WYOMING ONLY
 All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant’s Name _____ Agent _____

Applicant Mailing Address _____ Applicant’s Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

List all locations:

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. Years in Business? _____ Years of Experience in this field? _____

2. State nature of your business / description of operations / occupancy by location.

COVERAGE LIMITS DESIRED:

| COVERAGE | LIMITS OF INSURANCE (SELECT ONE) | | | |
|---|----------------------------------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BODILY INJURY BY ACCIDENT EACH ACCIDENT: | \$100,000 | \$300,000 | \$ 500,000 | \$1,000,000 |
| BODILY INJURY BY DISEASE EACH EMPLOYEE : | \$100,000 | \$300,000 | \$ 500,000 | \$1,000,000 |
| BODILY INJURY BY DISEASE AGGREGATE LIMIT: | \$200,000 | \$600,000 | \$1,000,000 | \$2,000,000 |

SCHEDULE OF HAZARDS (Attach a separate sheet, if necessary)

PROVIDE THE FOLLOWING INFORMATION REGARDING EACH WORKERS COMPENSATION CLASS CODE

| WORK COMP CODE NUMBER | CLASSIFICATION | NUMBER OF EMPLOYEES | ESTIMATED ANNUAL GROSS PAYROLL |
|-----------------------|----------------|---------------------|--------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. Are there any actual or anticipated Occupational Disease exposures involved in your operations? Yes No
2. Any operations sold, acquired, or discontinued in the last 5 years?..... Yes No
3. Do you have a formal safety program in place?..... Yes No
4. Do you conduct workplace safety meetings? Yes No
5. Any exposure to flammables, explosives or chemicals?..... Yes No
6. Do you have any employees who are subject to:..... Yes No
 - Longshoremen and Harbor Workers Act (USL&H)..... Yes No _____%
 - Jones Act Yes No _____%
 - Federal Employers Liability Act Yes No _____%

(If yes, include percentage of your total annual payroll)
7. Have you ever received a citation or penalty from OSHA for workplace violations?..... Yes No
(If yes, provide complete details)
8. If yes, have all conditions surrounding the citation/penalty been corrected? Yes No
9. Do you employ a full time doctor or nurse?..... Yes No
10. Do you now, or have future plans to own, lease or charter any watercraft? Yes No
11. Do you now, or have future plans to own, lease or charter any aircraft? Yes No
12. Do you lease employees to other employers? Yes No
13. Do you lease employees from other employers? Yes No

Remarks: _____

CURRENT CARRIER INFORMATION

| | CARRIER | LIMITS |
|--|---------|--------|
| GENERAL LIABILITY | | |
| STOP GAP | | |
| Do you maintain separate Workers Compensation Coverage (where available)..... <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| WORKERS COMPENSATION | | |

PRIOR LOSS INFORMATION

| COVERAGE | DATE OF LOSS | DESCRIPTION OF LOSS | TOTAL AMOUNT PAID | OUTSTANDING RESERVES |
|----------|--------------|---------------------|-------------------|----------------------|
| | | _____ _____ | | |
| | | _____ _____ | | |

Has the applicant been cancelled or non-renewed in the last three years? Yes No

If yes, Explain. _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT – FOR THE STATE(S) OF:

Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

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.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: 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.

Maine, Tennessee, Virginia, Washington:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

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.

New York

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 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.

Ohio

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.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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.

Producer's Signature

Date

Applicant's Signature

Date