



Workers Compensation Insurance Program

Stratus Insurance W: 801-763-1375 F: 801-763-1374

Applicant Name:

Mailing Address:

Yrs. In Business:

Website: Federal ID Number:

Sole Proprietor
 Partnership
 Corporation
 "S" Corporation
 LLC
 Joint Venture
 Other

Proposed Effective Date: ___/___/___ Normal Effective Date: ___/___/___ CWA Member?

Owners, Partners, Officers, Relatives – To be Included or Excluded from Coverage

| State | Name | Date of Birth | Title/Relationship | Ownership % | Duties | Annual Payroll | Incl/ Excl. |
|-------|------|---------------|--------------------|-------------|--------|----------------|-------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Locations:

| Loc. # | Street, City, State, Zip |
|--------|--------------------------|
| | |
| | |
| | |

Rating Information:

| Loc. # | Category, Duties, Classification | Annual Payroll | # Employees | |
|--------|----------------------------------|----------------|-------------|----|
| | | | FT | PT |
| | | | | |
| | | | | |
| | | | | |

Prior Carrier Information: Insurance Company Loss Runs Included

| Year | Insurance Carrier | Policy Number | Annual Premium | # Claims | Amount Paid | Amount Reserve |
|------|-------------------|---------------|----------------|----------|-------------|----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Nature of Business/Description of Operations:

General Information:

| Explain all "Yes" Responses | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you own, operate or lease aircraft/watercraft? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you lease your employees or use leased employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you sub-contract any work without certificates of Insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does any location have more than 100 employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there any group transportation provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. During the past 4 years, has your loss ration exceeded 40%? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have less than 2 Full Time employees, other than family members? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you use sub-contracted labor or labor identified as independent contractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have more than 25% of your payroll in Clerical? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you operate in more than one state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you engaged in any other type of business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are any of your employees under 16 or over 60 years of age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Any employees with physical handicaps? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do employees travel out of state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Any athletic teams sponsored? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are physicals required after offers of employment are made? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you have any other insurance with Meadowbrook Insurance Company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had any prior workers compensation insurance coverage declined/cancelled/non-enewed in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are Employee Health plans provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Is there a labor exchange with any other business/subsidiary? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do any employees predominantly work from home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Any tax liens or bankruptcy within the last 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Any undisputed and unpaid workers comp. premiums due from you or any commonly managed/owned Enterprises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you been in business for less than 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Have you maintained Workers Comp. Insurnace at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever been sited by OSHA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Do you have written employment policies, procedures, guidelines or practices regarding workplace safety? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Do you provide orientation or training in the correct use of ladders for route setters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you use volunteer labor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do you provide orientation or training in proper self belay techniques for route setters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Do route setters ever climb above their fall protection system in your facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Do route setters ever work alone in your facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Do you operate a bungee juming attraction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you offer outdoor climbing excursion or expeditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Do you maintain or support one or more traveling climbing teams? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Is 5% or more of your revenue derived from the operation of a portable climbing wall? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Are you domiciled in California? | <input type="checkbox"/> | <input type="checkbox"/> |

**Please Include a Copy of Your Current Workers Compensation Declaration Page
(first page of policy) and Classification Code/Rate Page**

Fax application to (801) 763-1375, or
email to allen@stratusins.com