



# FORTUNA

GENERAL INSURANCE AGENCY

## Worker's Compensation Supplemental

### Applicant Info

Proposed Effective Date	
Named Insured	
Federal Tax ID (FEIN)	
DBA/AKA	
Main Contact Name	
Phone Number	
Street Address	
City, State, Zip	
Entity Type	Corp    LLC    Partnership    Trust    Other
Current Carrier	
Target Premium	
Nature of Business	

### Payroll Information (Please enter each class code under a separate row)

Class Code Description	Class Code #	# of Full Time Employees	# of Part Time Employees	List States of Operation	Total Payroll

Supplemental Underwriting Questions	Yes	No
Does the applicant use uninsured subcontractors, casual labor, day labor or do they intend to cover uninsured subcontractors under this policy?		
Does the applicant or any officer own, operate, borrow or lease (1) any aircraft or (2) watercraft exceeding 25 feet in length?		
Does the applicant transport more than 5 employees per vehicle to and/or from work or job sites on a regular basis?		
Do/Have past or present operations involve(d) storing, discharging, applying, disposing or transporting hazardous materials which in concentration are/have been determined to be dangerous to life and health?		
Any work performed underground, above 15 feet or on barges, docks or bridges?		
Is applicant engaged in any other type of business?		
Any employees under 16 or over 60 years of age?		

Has or does the applicant intend to file for bankruptcy?		
Is current coverage provided by a Professional Employer Organization (PEO) or Self Insured Fund/Trust/Group?		
Does the applicant lease or temporarily assign employees to other employers?		
Any employees with Physical Handicaps?		
Any other insurance with Current Insurer?		
Any undisputed or unpaid WC Premiums due from you or other enterprise?		
Does the applicant currently have worker's compensation coverage in force?		
Has the applicant had 3 or more prior years of worker's compensation coverage in place without lapse?		
Does the applicant have more than 20 people working at one location at one time?		
Any claims in the last 3 years?		
<b>If yes to claims, please fill out table below, If not, check carriers to quote and application is complete.</b>		

**3 year claim history**

Date of Loss	Claim Type			Total Incurred (paid and reserve)
	Indemnity	Medical	Both	
	Indemnity	Medical	Both	
	Indemnity	Medical	Both	
	Indemnity	Medical	Both	

**Please indicate what carriers you would like quoted for this submission:**

GUARD Insurance	Travelers Insurance	AmTrust Insurance