/ SUPPLEMENTAL APPLICATION

Workers' Compensation Supplemental

Payroll by class and state with safety controls. Companion to ACORD 130.

> Please complete this supplement in full and return it with a signed ACORD application. Submit to submissions@hedgespecialty.com or through the Hedge broker portal. Answer every question — incomplete applications delay quoting.

GENERAL INFORMATION

NAMED INSURED / APPLICANT

DBA / TRADE NAME

BROKERAGE / BROKER

AGENCY / AGENT

PROPOSED EFFECTIVE DATE

NEW OR RENEWAL?

POLICY / QUOTE NUMBER

FEIN

ENTITY TYPE (LLC, CORP, ETC.)

YEARS IN BUSINESS

YEARS UNDER CURRENT MGMT

EMPLOYEES (FT / PT)

DESCRIPTION OF OPERATIONS

WEBSITE

MAILING & RISK ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

OF LOCATIONS

PRIMARY RISK / PREMISE ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

COUNTY

CONTACTS

PRIMARY CONTACT NAME

TITLE

EMAIL

PHONE

AUDIT / INSPECTION CONTACT

INSPECTION PHONE

INSPECTION EMAIL

CURRENT / EXPIRING CARRIER INFORMATION

CURRENT / EXPIRING CARRIER

POLICY NUMBER

ANNUAL PREMIUM $

LIMIT(S) OF INSURANCE

DEDUCTIBLE / SIR

RETROACTIVE DATE (IF ANY)

Is the current carrier offering renewal? ☐ YES ☐ NO

Is the expiring / current coverage written on a claims-made basis? ☐ YES ☐ NO

EXPERIENCE & RATING

GOVERNING CLASS CODE	EXPERIENCE MOD (CURRENT)	MOD EFFECTIVE DATE	RATING STATE

TOTAL ANNUAL PAYROLL $	# FULL-TIME	# PART-TIME	# SEASONAL	FEIN

PAYROLL BY CLASS & STATE

Provide payroll by governing class code and state. Attach the ACORD 130 if available.

Payroll Schedule

STATE	CLASS CODE	CLASSIFICATION DESCRIPTION	# EMPLOYEES	ANNUAL PAYROLL $

Payroll & Headcount — Five-Year History

PAYROLL	UPCOMING YR (EST.) $	LAST 12 MONTHS $	1 YEAR PRIOR $	2 YEARS PRIOR $	3 YEARS PRIOR $
Total Payroll					
# Employees					

OPERATIONS & SAFETY

Operational exposures (check all)

- ☐ Work at heights / roofs
- ☐ Excavation / trenching
- ☐ Heavy equipment / machinery
- ☐ Driving / fleet
- ☐ Multi-state operations
- ☐ Out-of-state travel
- ☐ Subcontracted labor
- ☐ Leased / temp / PEO employees
- ☐ Hazardous materials
- ☐ Repetitive motion
- ☐ Healthcare / patient handling
- ☐ Food service / cooking

1. Is there a written safety program, and are regular safety meetings documented? ☐ YES ☐ NO

2. Are post-offer physicals, return-to-work, and modified-duty programs in place? ☐ YES ☐ NO

3. Do any employees work at heights, in excavations, or with heavy/powered equipment? ☐ YES ☐ NO

4. Are any employees subject to USL&H, Jones Act, FELA, or other federal acts? ☐ YES ☐ NO

WHICH / # EMPLOYEES

5. Is any work subcontracted, and are certificates of WC insurance obtained from all subs? ☐ YES ☐ NO

6. Are leased, temporary, or PEO employees used? (note who carries WC) ☐ YES ☐ NO

7. Are pre-employment drug screening and post-accident testing performed? ☐ YES ☐ NO

8. Do employees travel or work out of state, or is there any multi-state payroll exposure? ☐ YES ☐ NO

9. Has the applicant had any WC coverage cancelled, non-renewed, or placed in an assigned-risk pool? ☐ YES ☐ NO

10. Are there any group-health, OSHA-recordable, or repetitive-trauma trends in recent years? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

COVERAGE REQUESTED

EMPLOYERS' LIABILITY — EACH ACCIDENT

EL — DISEASE EACH EMPLOYEE

EL — DISEASE POLICY LIMIT

REQUESTED EFFECTIVE DATE

PRIOR CARRIER

EXPIRING PREMIUM

LOSS HISTORY

List all claims and losses for the past 5 years, regardless of fault or payment. Attach currently-valued (within 90 days) loss runs for all lines.

11. Has the applicant had any claims, losses, or incidents in the past 5 years? ☐ YES ☐ NO

12. Are there any known incidents, facts, or circumstances that may result in a claim? ☐ YES ☐ NO

13. Has any coverage been declined, cancelled, or non-renewed in the past 5 years? ☐ YES ☐ NO

Loss Detail

DATE OF LOSS	LINE / COVERAGE	CLAIMANT	DESCRIPTION	PAID $	RESERVED $	STATUS (O/C)

APPLICANT STATEMENT & SIGNATURE

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 (in some states a fine and/or imprisonment). The applicant represents that the statements and answers given are true, complete, and accurate to the best of their knowledge and will be relied upon by the insurer. Completion of this application does not bind coverage.

SIGN

DATE

SIGNATURE OF APPLICANT

PRINTED NAME

TITLE

PRODUCER / AGENCY

HEDGE SUBMISSION #