

**ACORD**

DATE (MM/DD/YY)

PRODUCER	PHONE (A/C, No, Ext):	COMPANY	UNDERWRITER
		APPLICANT NAME	
		MAILING ADDRESS (including ZIP code)	
CODE:	SUB CODE:	YRS IN BUS	SIC
		INDIVIDUAL	CORPORATION
		PARTNERSHIP	SUBCHAPTER "S" CORP
		OTHER:	
AGENCY CUSTOMER ID		FEDERAL EMPLOYER ID NUMBER	NCCI ID NUMBER
		OTHER RATING BUREAU ID NUMBER	

QUOTE	ISSUE POLICY	BILLING PLAN	PAYMENT PLAN	AUDIT
BOUND (Give date and/or attach copy)		AGENCY BILL	ANNUAL	AT EXPIRATION
ASSIGNED RISK (Attach ACORD 133)		DIRECT BILL	SEMI-ANNUAL	MONTHLY
			QUARTERLY	OTHER:
			% DOWN:	OTHER:
				QUARTERLY

# STREET, CITY, COUNTY, STATE, ZIP CODE

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PROPOSED EFF DATE (MM/DD/YY)	PROPOSED EXP DATE (MM/DD/YY)	NORMAL ANNIVERSARY RATING DATE	PARTICIPATING	RETRO PLAN
			NON-PARTICIPATING	
PART 1 - WORKERS COMPENSATION (States)	PART 2 - EMPLOYER'S LIABILITY	PART 3 - OTHER STATES INS	DEDUCTIBLES	AMOUNT/% OTHER COVERAGES
\$	EACH ACCIDENT		MEDICAL	U.S.L. & H.
\$	DISEASE-POLICY LIMIT		INDEMNITY	VOLUNTARY COMPENSATION
\$	DISEASE-EACH EMPLOYEE			
DIVIDEND PLAN/SAFETY GROUP	ADDITIONAL COMPANY INFORMATION			

STATE	LOC	CLASS CODE	COM-PANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EM-PLOYEES	ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM

SPECIFY ADDITIONAL COVERAGES/ENDORSEMENTS	FACTOR	FACTORED PREMIUM
TOTAL		\$
INCREASED LIMITS		\$
DEDUCTIBLE		\$
		\$
EXPERIENCE MODIFICATION		\$
LOSS CONSTANT		\$
ASSIGNED RISK SURCHARGE		\$
ARAP		\$
		\$
PREMIUM DISCOUNT		\$
EXPENSE CONSTANT		\$
		\$
TOTAL EST ANNUAL PREMIUM		\$