

ACORD™ WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

AGENCY Roush Insurance Group, Inc. Washington Avenue P.O. Box 167 Mifflintown, PA 17059	PHONE (A/C, No, Ext): (717) 436-2525	COMPANY		UNDERWRITER	
	FAX (A/C, No): (717) 436-9800	APPLICANT NAME		INTERNET ADDRESS	
		MAILING ADDRESS (including ZIP code)			
	YRS IN BUS	SIC	INDIVIDUAL	CORPORATION	LLC
			PARTNERSHIP	SUBCHAPTER "S" CORP	OTHER:
CODE:	SUB CODE:	CREDIT BUREAU NAME:		ID NUMBER:	
AGENCY CUSTOMER ID		FEDERAL EMPLOYER ID NUMBER	NCCI ID NUMBER	OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER	

STATUS OF SUBMISSION		BILLING/AUDIT INFORMATION			
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	BILLING PLAN	PAYMENT PLAN	AUDIT	
<input type="checkbox"/> BOUND (Give date and/or attach copy)	<input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)	<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> OTHER:	<input type="checkbox"/> AT EXPIRATION
		<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL		<input type="checkbox"/> MONTHLY
			<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> % DOWN:	<input type="checkbox"/> QUARTERLY
					<input type="checkbox"/> OTHER:

LOCATIONS	
#	STREET, CITY, COUNTY, STATE, ZIP CODE

POLICY INFORMATION					
PROPOSED EFF DATE	PROPOSED EXP DATE	NORMAL ANNIVERSARY RATING DATE	<input type="checkbox"/> PARTICIPATING	RETRO PLAN	
			<input type="checkbox"/> NON-PARTICIPATING		
PART 1 - WORKERS COMPENSATION (States)	PART 2 - EMPLOYER'S LIABILITY	PART 3 - OTHER STATES INS	DEDUCTIBLES	AMOUNT/%	OTHER COVERAGES
	\$ EACH ACCIDENT		<input type="checkbox"/> MEDICAL		<input type="checkbox"/> U.S.L. & H.
	\$ DISEASE-POLICY LIMIT		<input type="checkbox"/> INDEMNITY		<input type="checkbox"/> VOLUNTARY COMP
	\$ DISEASE-EACH EMPLOYEE				<input type="checkbox"/> FOREIGN COV
<input type="checkbox"/> MANAGED CARE OPTION					
DIVIDEND PLAN/SAFETY GROUP	ADDITIONAL COMPANY INFORMATION				

RATING INFORMATION									
STATE	LOC	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES		ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM
					FULL TIME	PART TIME			

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

