



Insurance Services, Inc.

Exclusive provider of the Gold Shield Advantage™ National Security Programs

Workers' Compensation • General Liability • Employment Practices Liability • Bonds

7234 West North Avenue, Elmwood Park, IL 60707-4200

In Illinois: (708) 452-1700 Toll Free : (800) 800-1704

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Web Site: www.izzoinsurance.com

Producer: _____

Agency: _____

Address: _____

City, State Zip: _____

E-mail: _____

Phone #: _____

Fax #: _____

WORKERS' COMPENSATION APPLICATION

Please Type or Print

IMPORTANT: All questions must be answered before this risk can be considered.

1. Name: _____

2. Address: _____

3. Telephone Number: _____ Fax Number: _____

4. Contact for Inspection: _____ Title: _____

5. Fed. Employer's I.D. No.: _____ Corporation Partnership Individual Other: _____

6. Proposed Effective Date: _____ to: _____ Is Work. Comp. coverage curenly in force? Yes No

7. **Mailing Address** (if different from above): _____ **Additional Office Locations:**

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

8. Operations in any other states? Yes No If yes, list states: _____

9. Where is audit to be made? _____ Audit Contact: _____

10. How long in the Security Business? _____ How many years operating under this business name? _____

11. If in business less than three (3) years, give details of owner's background in security industry or related fields: _____

12. Total Number of Security Employees: _____ Full Time: _____ Part Time: _____ Armed: _____ Unarmed: _____

13. Average Guard Hourly Wage: _____ Minimum: _____ Maximum: _____

14. Number of Guard Hours Billed Annually: _____ Armed: _____ Unarmed: _____

15. How many Employees under age 21? _____ Full Time: _____ Part Time: _____

Describe Duties & Provide Work Schedule: _____

16. How Many Employees over age 65? _____ Full Time: _____ Part Time: _____

Describe Duties & Provide Work Schedule: _____

17. Are Employees Covered by Group Medical Insurance? Yes No

18. Number of Dogs in Operation: _____ Attended Unattended

Types of Assignments involving the use of dogs: _____

19. Is applicant involved in any other operation? Yes No

If Yes, Describe: _____

20. With regard to your clients, do you assume any duties not related to security (i.e. janitorial, maintenance, housekeeping etc.)? Yes No If yes, describe: _____

21. Do you maintain general liability insurance? Yes No Carrier: _____ Expiration date: _____

22. List all clients to whom you assign armed personnel and their duties: _____

23. Describe your training programs: _____

24. Indicate your pre-employment screening procedures:
- | | | |
|--|--|---|
| <input type="checkbox"/> Fingerprint | <input type="checkbox"/> Motor Vehicle Report | <input type="checkbox"/> Psychological Testing |
| <input type="checkbox"/> Criminal Background | <input type="checkbox"/> Employment References | <input type="checkbox"/> Employment-Conditional Physicals |
| <input type="checkbox"/> Drug Screening | <input type="checkbox"/> Personal References | <input type="checkbox"/> Other: _____ |
25. Does applicant subcontract work to others? Yes No Are Certificates of Insurance evidencing Workers' Compensation coverage required from subcontractors? Yes No
26. Number of independent contractors: _____ Armed: _____ Unarmed: _____
27. Are any Waivers of Subrogation Provided? Yes No If yes, how many clients require waivers? _____
28. Does applicant own or use airplanes in business? Yes No If yes, attach aviation questionnaire.
29. Does applicant conduct any operations on dockside or shipboard? Yes No If yes, describe in detail: _____

30. Is USL&H coverage required? Yes No
31. a) Does applicant own any autos used in business? Yes No If yes, number of company owned vehicles: _____
 b) Other than travel to and from work, do any employees use vehicles in the course of their employment? Yes No
 If yes, indicate type and number of vehicles:
 Employee owned vehicles: Yes No #: _____ Client Owned Vehicles: Yes No #: _____
 Bicycles: Yes No #: _____ Golf Carts or Cushmans: Yes No #: _____
 How are they used in business? _____ Any emergency response? Yes No
- c) Do you provide or arrange for transportation of employees to or from any site? Yes No If yes, describe: _____

32. **Insurance History**

- a) Is coverage now in Assigned Risk Pool? Yes No
 b) Current Policy Number: _____

c) Paid & Reserved

	Number of				
	Policy Period	Name of Insurer	Premium	Losses	Claims
Expiring	_____	_____	_____	_____	_____
1st Prior	_____	_____	_____	_____	_____
2nd Prior	_____	_____	_____	_____	_____
3rd Prior	_____	_____	_____	_____	_____
4th Prior	_____	_____	_____	_____	_____

- d) Expiring Experience Modification: _____ New Experience Modification: _____
- e) Normal Anniversary Rating Date (N.A.R): _____
- f) Has there been a name change during the past three years? Yes No If yes, please give previous name and date of change: _____
- g) Has any insurer canceled or refused to renew coverage within the past three years? (Not applicable in OR, ME, or NE)
 Yes No If yes, explain: _____
- h) Are you in debt to any broker, agent, or insurance company for any unpaid premiums for workers' compensation coverage or audits? Yes No If yes, explain: _____

OWNERSHIP DATA (List owners, partners, officers, and/or relatives to be included or excluded):

#	NAME	TITLE	OWNERSHIP %	DUTIES	INCL/EXCL	CLASS CODE	REMUNERATION*
1							
2							
3							
4							

*Were these payrolls included in the estimated payrolls on Page 3? Yes No

Requested Employer's Liability Limits:	
\$	EACH ACCIDENT
\$	DISEASE - POLICY LIMIT
\$	DISEASE - EACH EMPLOYEE

Additional Comments - Provided by Insured Submitting Producer:

NO FINANCE OR BILLING CHARGES! PREMIUM WILL BE INVOICED IN INTEREST FREE INSTALLMENTS!

GOLD SHIELD ADVANTAGE™

The undersigned hereby makes application for insurance. This application is subject to the conditions and agreements as stated herein. The undersigned applicant hereby expressly agrees that the insurance applied for herein shall not be effective until such application is approved at the home office of the insurance company and shall expire or otherwise terminate in accordance with the policy provisions.

Signature of Applicant Title Date

Notice to Applicants: This application must be completed in full as the insurance company will rely on the information provided to prepare a premium quotation or to offer coverage. Furnishing false or misleading information, or concealing information concerning any material fact, may void insurance coverage, and may subject the individual to criminal prosecution.

PRODUCER'S CERTIFICATION

The producer also certifies that the information given, including premium information, is true to the best of his/her knowledge and belief.

Producer: _____
Name (type or print) Signature Date Lic. No.

Required with Submission: (Please Attach)

1. Copy of your most recently filed IRS Form 941 (Employer Quarterly Federal Tax Return).
2. Copy of complete company loss statements (3 years minimum, 5 years requested).
3. Copy of declaration sheets from current policy, including payroll classification pages.