

## ACORD130 Workers Compensation Application (2017/05)

ACORD 130 is a self-contained Commercial Lines application that does not require the completion of the Applicant Information Section (ACORD 125). Therefore, complete the entire Identification section of this form.

The Workers Compensation Application provides for workers' compensation, employer's liability, and voluntary compensation coverages.

The Policy Information section has been designed to follow workers' compensation rules published by the National Council on Compensation Insurance (NCCI). Other plans may be used with this form as well. Please refer to the NCCI manual for coverage definitions.

This form may not be used in Florida. Refer to Florida Workers Compensation Application, ACORD 130 FL.

To create this form you should begin at the policy level. A typical WORK policy might be structured similarly to this, but many variations do exist:

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Customer Info PRSN VAUX
├── Forms
│   └── Claim Contact: First National Bank
├── StateGroup: IA
│   ├── Coverages
│   │   └── WCEL 100,000/100,000/500,000
│   ├── Location 1: L001 1234 N MAIN ST, UNION, IA
│   │   ├── Work Comp Risk 1: - 3632 MACHINE SHOP NOC
│   │   │   ├── Coverages
│   │   ├── Work Comp Risk 2: - Rate Class - 8810 - Clerical Office Employees
│   │   │   ├── Coverages
│   │   └── Workers Comp State Rating Group
│   │       ├── Coverages
│   └── Policy Underwriting
│       └── Work Comp Underwriting
└── Underwriting Questions
    
```

**Basic Applicant Information** – this information is from the agency and customer's information.

ACORD		WORKERS COMPENSATION APPLICATION		DATE (MM/DD/YYYY)
AGENCY NAME AND ADDRESS North American Agency PO Box 560 Belgrade, MN 56312		COMPANY: Allied		10/5/2012
PRODUCER NAME:		UNDERWRITER:		
CS REPRESENTATIVE NAME:		APPLICANT NAME: PRSN VAUX		
OFFICE PHONE (A/C No. Ext): 320-254-8224		OFFICE PHONE:	MOBILE PHONE:	
MOBILE PHONE:		MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code)		YRS IN BUS:
FAX (A/C No): 320-254-3633		1234 N MAIN ST		SIC: 7692SC
E-MAIL ADDRESS: sales@nasasoft.com		UNION IA 50258-0041		NAICS:
CODE: SUB CODE:		E-MAIL ADDRESS:		WEBSITE ADDRESS:
AGENCY CUSTOMER ID: 102360		<input checked="" type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> TRUST <input type="checkbox"/> UNINCORPORATED ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER 'S' CORP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER:		
		CREDIT BUREAU NAME:		ID NUMBER:
		FEDERAL EMPLOYER ID NUMBER		OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER
		42-1307157		27???
STATUS OF SUBMISSION		BILLING / AUDIT INFORMATION		
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	BILLING 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"/> AT EXPIRATION
		<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> MONTHLY
			<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> SEMI-ANNUAL
			% DOWN:	<input type="checkbox"/> QUARTERLY

**Billing Plan** – will fill from the basic policy info screen when you select Agency Billed or Direct Billed.

**Policy Detail / Audit Information** – will pre-fill from the **Policy Underwriting** section found on the policy level when selecting the “Underwriting Questions” link above the policy tree. It will fill the SIC code, NAICS code, Date Business Began, State Employer Registration Number and Audit information.

**Payment Plan** – will pull from the “Payment Plan Code” field under the Payment Information tab at the policy level.

**Locations** – information is gathered from the data entered on a location from the policy level. It will accommodate three locations.

LOCATIONS		
LOC #	HIGHEST FLOOR	STREET, CITY, COUNTY, STATE, ZIP CODE
1		L001 1234 N MAIN ST, UNION IA 50258-7810

**Additional Policy information including Coverages** –Proposed Effective and Expiration Date are filled from the policy level information. The limits from the coverage “WCEL” at the policy, package or state level will fill in here. Limit 1 is “Each Accident”, Limit 2 is “Disease-Each Employee”, and Limit 3 is “Disease-Policy Limit”. In addition, coverages: “USLH”, “VOL”, “FORGN”, and “MCARE” will fill check boxes under the “Other Coverages” section.

The **Rating Bureau ID** from the basic info section above will prefill if entered with the **Participating/Non-participating** information. It is available in the **Work Comp State Rating Group** which can be found by going to a state group and clicking on the underwriting button at the bottom.

POLICY INFORMATION							
PROPOSED EFF DATE 09/27/2011	PROPOSED EXP DATE 09/27/2012	NORMAL ANNIVERSARY RATING DATE 9/27/2012	<input checked="" type="checkbox"/> PARTICIPATING <input type="checkbox"/> NON-PARTICIPATING	RETRO PLAN			
PART 1 - WORKERS COMPENSATION (States)	PART 2 - EMPLOYER'S LIABILITY		PART 3 - OTHER STATES INS	DEDUCTIBLES (N / A in WI)	AMOUNT / % (N / A in WI)	OTHER COVERAGES	
	\$ 100,000 EACH ACCIDENT			<input type="checkbox"/> MEDICAL		<input type="checkbox"/> U.S.L. & H. VOLUNTARY COMP	<input type="checkbox"/> MANAGED CARE OPTION
	\$ 500,000 DISEASE-POLICY LIMIT			<input type="checkbox"/> INDEMNITY		<input type="checkbox"/> FOREIGN COV	
	\$ 100,000 DISEASE-EACH EMPLOYEE						
DIVIDEND PLAN/SAFETY GROUP N	ADDITIONAL COMPANY INFORMATION						
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							

**Total Estimated Annual Premium – All States** - These numbers are totals gathered from the totals of each state page (page 2 of the document repeated for each state affected).

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES		
TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES \$ .00	TOTAL MINIMUM PREMIUM ALL STATES \$ .00	TOTAL DEPOSIT PREMIUM ALL STATES \$ 550.00

CONTACT INFORMATION				
TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION				
ACCTNG RECORD				
CLAIMS INFO	First National Bank	320-254-9185		

**Accounting Record, Inspection and Claims Contacts** - are usually attached to the policy at the policy level and would be added by clicking the lien-holder button and choosing the appropriate type (IC- Inspection Contact, AC-Accounting Contact, or CC-Claim Contact) from the drop-down.

**Individual Included / Excluded** – This data is found by selecting the “Underwriting” button on the right of the policy screen and then clicking on **Work Comp Underwriting**. When this window is opened two additional sections, **Individuals Included/Excluded** and **States Included/Excluded**, will display in the left upper pane. The first four individuals will be added to this section of the application.

**INDIVIDUALS INCLUDED / EXCLUDED**

PARTNERS, OFFICERS, RELATIVES ( Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.) Exclusions in Missouri must meet the requirements of Section 287.090 RSMo.									
STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER- SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL
MN	1	Bill Clinton	01/01/1952	Former President	77.00	Spokesperson	I	008810	1,000.00

**State Rating Worksheets** – This information is gathered from the state group or groups that are included on the policy. The form includes room for one state but if more than one state is listed in the policy, additional state worksheets will be automatically created. The Work Comp Risk information located under the state and locations will be entered on the form here. The Estimated Annual Renumeration/Payroll form field will pre-fill when the Actual Annual Renumeration field is entered with the other risk details.

STATE RATING SHEET # 1 OF 1 SHEETS

AGENCY CUSTOMER ID: 102360

STATE RATING WORKSHEET											
FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM											
RATING INFORMATION - STATE: IOWA											
LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES		SIC	NAICS	ESTIMATED ANNUAL REMUNERATION/ PAYROLL	RATE	ESTIMATED ANNUAL MANUAL PREMIUM	
				FULL TIME	PART TIME						
1	3632		MACHINE SHOP NOC					3,000	5.1200		
1	8810	123	CLERICAL OFFICE EMPLOYEES NOC	10	2			200,000	.3200		

**State Premium Section** – This section is filled from the coverage information found in the **Work Comp State Rating Group** under **Coverages**. It can be added by going to a state group and clicking on the underwriting button at the bottom of the screen. The Factored Premium is pre-filled when the coverage codes shown below are entered with limits. If additional coverages are entered, the first two will appear in the blanks in column 2 and any additional will get added as a note in the **Remarks** section below. 4k

PREMIUM					
STATE:	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
TOTAL	N / A	\$			\$
INCREASED LIMITS		\$	SCHEDULE RATING *		\$ SRA
DEDUCTIBLE *		\$	CCPAP		\$
EXPERIENCE OR MERIT MODIFICATION		\$ AREM	STANDARD PREMIUM		\$
TERRORISM	N / A	\$ TRIA	PREMIUM DISCOUNT		\$ PDIS
CATASTROPHE	N / A	\$ CAT	EXPENSE CONSTANT	N / A	\$ EXCNT
ASSIGNED RISK SURCHARGE *		\$ ARAP	TAXES / ASSESSMENTS *	N / A	\$
ARAP *		\$			\$
* N / A in Wisconsin					
TOTAL ESTIMATED ANNUAL PREMIUM		MINIMUM PREMIUM	DEPOSIT PREMIUM		
\$ 1650.00		\$ 1250.00	\$ 550.00		

**Prior Carrier Information / Loss History** – If there is previous policy history stored on this policy, it will fill in this section. It can be entered on the policy level by double clicking Previous Policy Information in the top left above the policy tree. Information that will fill includes Previous Year, Carrier, Policy Number, Annual Premium, Mod Factor, Number of Claims, Amount Paid and Reserve. Currently the Reserve is calculated from the Amount Incurred minus the Amount Paid.

AGENCY CUSTOMER ID: 102360

PRIOR CARRIER INFORMATION / LOSS HISTORY						
PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS						LOSS RUN ATTACHED
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO: POL #: POLNUM100192019					
	CO: PDL #:					
	CO: PDL #:					
	CO: PDL #:					
	CO: PDL #:					

**Nature of Business / Description of Operations** – Is found in the *Policy Underwriting* group located on the policy level by clicking the Underwriting button on the right side of the screen. If the “Operation Business Description” is filled out it will display in this section.

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS
<small>GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.</small>
MACHINE SHOP

**Underwriting Questions** – If the *Work Comp Underwriting*, located on the policy level by clicking the Underwriting button on the right side of the screen, contains answers for any of the various underwriting questions, this information will be used exclusively for this section. If this is not the case, it will then look for the **Underwriting Questions**, located on the policy level in the window above the policy tree. If they have downloaded or have been selected for this form, then each appropriate section will have a Y or N filled on the form. Additional information supplemental to the question will need to be manually added.

GENERAL INFORMATION	
<small>EXPLAIN ALL "YES" RESPONSES</small>	Y / N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	
2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	

**Signature Section** – This will include the producer signature from the ACORD form selection window as well as the national producer number stored on the policy. If the agency is utilizing a signature pad, the captured signature will be added under the Applicant’s signature area along with the date.

**SIGNATURE**

APPLICABLE IN TENNESSEE AND VERMONT: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

ANY PERSON WHO KNOWINGLY AND [OR]\* WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied) \* in MD, [OR] replaces AND effective 01-01-2013.

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE <i>Dennis J. [Signature]</i>	NATIONAL PRODUCER NUMBER
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