

EUROPEAN-AMERICAN INC.
Workers Compensation Insurance Questionnaire

APPLICANT INFORMATION

Name of Applicant: _____	Federal Employer ID Number _____	Contact Name: _____
United States Address (including Zip): _____		Telephone: _____
		Fax: _____
		Proposed Effective Date: _____

Years in Business _____ Individual Partnership Corporation Subchapter "S" Corp. Limited Corp. Other: _____

LOCATIONS: (Street, City, County, State and Zip Code) Add separate sheet for additional locations.

1. _____
2. _____
3. _____

POLICY INFORMATION

Part 1 Workers Compensation (States) _____

Part 2 Employer's Liability: \$ _____ Each Accident \$ _____ Disease-Policy Limit \$ _____ Disease-Each Employee

Part 3 Other States Insurance: _____

Other Coverages: Foreign Voluntary Compensation Disability Insurance

RATING INFORMATION

Number of Full-Time	Employees Part-Time	Estimated Annual Remuneration	Duties and Classifications (i.e. Sales, Executive, Clerical)
		\$	
		\$	
		\$	
		\$	

INDIVIDUALS INCLUDED / EXCLUDED (If additional space is required, please attach separate sheet of paper.)

Name	Date of Birth (Mo-Day-Year)	Title / Relationship	Ownership %	Duties	Included / Excluded	Remuneration

PRIOR CARRIER INFORMATION / LOSS HISTORY

Provide information for the past 5 years and use the Remarks Section for loss details Loss Run Attached Yes No

Year	Insurance Company & Policy Number	Annual Premium	MOD	No. of Claims	Amount Paid	Reserve
	Co. _____ Pol. # _____					
	Co. _____ Pol. # _____					

Year	Insurance Company & Policy Number	Annual Premium	MOD	No. of Claims	Amount Paid	Reserve
	Co _____ Pol. # _____					
	Co _____ Pol. # _____					
	Co _____ Pol. # _____					

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

Description of Operations and/or Products *Manufacturing* - Raw Materials, Processes, Product, Equipment. *Contractor - Type of Work*, Subcontracts, Mercantile-Merchandise, Customers, Deliveries. *Service - Type*: Location, Farm-Acreage, Animals, Machinery, Subcontracts. (Please use separate sheet of paper if additional space is required and if possible, attach a brochure.)

GENERAL INFORMATION (Explain all "Yes" answers.)

- | | | | | | |
|-----|--|---|-----|---|----|
| 1. | Does applicant own, operate or lease aircraft/watercraft. | 9 | Yes | 9 | No |
| 2. | Do/have past, present or discontinued operations involve(d) storing, treating, or discharging, applying disposing, or transporting of hazardous material, e.g. landfills, wastes, fuel tanks, etc.). | 9 | Yes | 9 | No |
| 3. | Any work performed underground or above 15 feet. | 9 | Yes | 9 | No |
| 4. | Any work performed on barges, vessels, docks, bridges over water. | 9 | Yes | 9 | No |
| 5. | Is applicant engaged in any other type of business. | 9 | Yes | 9 | No |
| 6. | Are subcontractors used. (If yes, give % of work subcontracted.) | 9 | Yes | 9 | No |
| 7. | Any work sublet without certificates of insurance. | 9 | Yes | 9 | No |
| 8. | Is a formal safety program in operation. | 9 | Yes | 9 | No |
| 9. | Any group transportation provided. | 9 | Yes | 9 | No |
| 10. | Any employees under 16 or over 60 years of age. | 9 | Yes | 9 | No |
| 11. | Any seasonal employees. | 9 | Yes | 9 | No |
| 12. | Is there any volunteer or donated labor. | 9 | Yes | 9 | No |
| 13. | Any employees with physical handicaps. | 9 | Yes | 9 | No |
| 14. | Do employees travel out of state. | 9 | Yes | 9 | No |
| 15. | Are athletic teams sponsored. | 9 | Yes | 9 | No |
| 16. | Are physicals required after offers of employment are made. | 9 | Yes | 9 | No |
| 17. | Any other insurance with this insurer. | 9 | Yes | 9 | No |
| 18. | Any prior coverage declined/ canceled/ non-renewed last 3 years (not applicable in Missouri). | 9 | Yes | 9 | No |
| 19. | Are employee health plans provided. | 9 | Yes | 9 | No |
| 20. | Is there a labor interchange with any other business / subsidiary. | 9 | Yes | 9 | No |
| 21. | Do you lease employees to or from other employers. | 9 | Yes | 9 | No |
| 22. | Do any employees predominantly work at home. | 9 | Yes | 9 | No |

APPLICABLE IN TENNESSEE: 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 WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 TO THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES.

REMARKS

DATE COMPLETED: _____

BY: _____ (Please sign)