



Workers Compensation Application

AGENCY NAME:	CMR AGENCY CODE # (IF KNOWN):
AGENCY MAILING ADDRESS:	AGENCY PHONE:
	AGENCY CONTACT EMAIL:
AGENCY CONTACT:	ARE YOU THE INCUMBENT BROKER? <input type="checkbox"/> YES <input type="checkbox"/> NO

POLICY EFFECTIVE DATE:	POLICY EXPIRATION DATE:	QUOTE DUE DATE:
PAY PLAN: ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/>		

APPLICANT NAME:
APPLICANT MAILING ADDRESS:
CONTACT NAME:
CONTACT EMAIL/PHONE:

All WC New Business submissions should include: CMRIC WC New Business Application, five (5) year currently valued loss runs (for those years not insured under this program) and any other information indicated on any of the supplemental sections of this questionnaire (as applicable).

<u>PAYROLL CLASS 0965-SCHOOLS & UNIVERSITIES:</u> <i>Includes but is not limited to Administrative, Instructional, Cafeteria/Food Service, Transportation, Custodial, Maintenance Staff</i>	<u>ESTIMATED PAYROLL/REMUNERATION</u> \$
<u>PAYROLL CLASS 0982-WORKFARE PROGRAMS:</u> <i>Applies to employees involved in DPW Workfare Programs</i>	<u>ESTIMATED PAYROLL/REMUNERATION</u> \$
<u>PAYROLL CLASS 0890-PUBLIC LIBRARIES:</u> <i>Operated by school district or college and open to use by the general public</i>	<u>ESTIMATED PAYROLL/REMUNERATION</u> \$
<u>PAYROLL CLASS 0891-PRE-SCHOOL (CHILD CARE OR EARLY EDUCATION SERVICES):</u> <i>Includes before and/or after-school programs and Head Start Programs</i>	<u>ESTIMATED PAYROLL/REMUNERATION</u> \$
<u>PAYROLL CLASS 0892-EARLY INTERVENTION FOR INFANTS OR TODDLERS:</u> <i>Early Intervention except when provided by an Intermediate Unite</i>	<u>ESTIMATED PAYROLL/REMUNERATION</u> \$
<u>PAYROLL CLASS 893-INTERMEDIATE UNITS:</u> <i>Includes but is not limited to Administrative, Instructional, Cafeteria/Food Service, Transportation, Custodial, Maintenance Staff</i>	<u>ESTIMATED PAYROLL/REMUNERATION</u> \$

EMPLOYER'S LIABILITY OPTIONS: (CHOOSE ONE)	<input type="checkbox"/> \$100,000/500,000/100,000 (standard/no additional premium)	PER CLAIM DEDUCTIBLE OPTIONS: (CHOOSE ONE)	<input type="checkbox"/> \$0
	<input type="checkbox"/> \$500,000/500,000/500,000 (additional surcharge applies)		<input type="checkbox"/> \$1000
	<input type="checkbox"/> \$1,000,000/1,000,000/1,000,000 (additional surcharge applies)		<input type="checkbox"/> \$5000
			<input type="checkbox"/> \$10,000

PRIOR CARRIER INFORMATION			
YEAR	CARRIER/POLICY #	ANNUAL PREMIUM	PAYROLL
2019-2020			
2018-2019			
2017-2018			
2016-2017			
2015-2016			

Please provide the following Underwriting Information

- Does the applicant have a state certified Safety Committee for the new policy term?
(Certification letter must be received prior to policy issuance to receive the credit)
 YES NO
 - Does the applicant have a current panel of physicians/provider panel?
(If YES, include a copy of current panel)
 YES NO
 - Are pre-employment screening practices in place for all positions **INCLUDING PHYSICAL ABILITIES TESTING?** (If YES, provide copy of the practice followed)
 YES NO
 - Is there a **FORMAL WRITTEN** modified duty/return to work plan in place?
(If YES, submit a copy of current procedures)
 YES NO
 - Is there any out of state or foreign travel? (If YES, provide details including duties, trip frequency and country(ies) visited)
 YES NO
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- Are there any shared services regarding personnel being utilized? (If YES, provide a copy YES NO of the contract(s) for review or describe below) _____

Pennsylvania Fraud Warning – Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Must be signed by the Chief School Administrator or Chief School Business Administrator for the District.

Insured Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Broker Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

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