

APPLICATION FOR USL&H INSURANCE

WASHINGTON USL&H ASSIGNED RISK PLAN

Please answer all application questions thoroughly. Errors or omissions may result in delay or denial of coverage.

Where space restricts a complete answer, attach answer on separate sheets of paper.

Eligibility requirements, additional application, and coverage information are available at WARP-uslh.org

Alaska National Insurance Company has been designated as the servicing carrier (Servicing Carrier) for the Washington USL&H Assigned Risk Plan (the "Plan"). Application for insurance under the Plan must be submitted to Alaska National Insurance Company by a producer who is licensed by the state of WA and acting as a broker for the applicant.

*Send
applications &
payments to:*

Alaska National Insurance Company Attn: WARP
P.O. Box 33069, Phoenix, AZ 88067
phone: 800-292-0588 fax: 206-515-0311

I. EFFECTIVE DATE OF COVERAGE	
REQUESTED EFFECTIVE DATE	REQUESTED EXPIRATION DATE
<p>Insurance coverage is not made effective by the submission of this application.</p> <p>The effective date of coverage is conditioned upon the Servicing Carrier's determination of applicant eligibility and the receipt of the required deposit premium by the Servicing Carrier.</p> <p>The actual effective date may differ from the requested effective date on this application.</p> <p>Coverage is effective only when expressly stated in a written confirmation of coverage by the Servicing Carrier.</p>	

II. BROKER INFORMATION	
BROKER COMPANY NAME	
MAILING ADDRESS	
BROKER NAME	BROKER EMAIL
BROKER'S WASHINGTON STATE PRODUCER LICENSE #	BROKER BOND SURETY NAME & POLICY #
CONTACT PERSON	CONTACT EMAIL
PHONE #	FAX #

online at warp-uslh.org

III. GENERAL APPLICANT INFORMATION		
ENTITY NAME (as shown on State of Washington Business License)	FED. EMPLOYER ID # (FEIN)	WASHINGTON STATE UNIFORM BUSINESS IDENTIFIER # (UBI)
REGISTERED BUSINESS NAME and REGISTERED TRADE NAME(S)	APPLICANT CONTACT NAME & TITLE	
	CONTACT EMAIL ADDRESS	
MAILING ADDRESS	PHONE	FAX
	CONTACT NAME, TITLE & PHONE FOR PAYROLL RECORDS	
PHYSICAL LOCATION OF PRINCIPAL WASHINGTON OPERATIONS	PHYSICAL LOCATION OF PAYROLL RECORDS	

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IV. APPLICANT BUSINESS OWNERSHIP INFORMATION

SOLE PROPRIETOR PARTNERSHIP LLC CORPORATION OTHER (describe) _____

Owner or Officer Name	Title	Duties	Ownership %
1.			
2.			
3.			
4.			

Does applicant or any of its owners currently have any ownership interest with any other entity that has or had coverage under the Washington USL&H Assigned Risk Plan? YES NO
If yes, explain:

V. APPLICANT INSURANCE, FINANCIAL & SAFETY RECORD

1. Does applicant or any of its owners currently have USL&H insurance coverage or have an offer for USL&H insurance coverage from any insurance company within the last 60 days? <i>If yes, provide details:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Did applicant or any of its owners previously have any ownership interest of any entity insured through the Washington USL&H Assigned Risk Plan? <i>If yes, provide name of entity and dates of coverage:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Does applicant have workers' compensation insurance with WA Dept. of Labor & Industries? <i>If yes, provide L&I account ID: If no, explain:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Does applicant or any entity that is or was owned by applicant or any owner of applicant have any unpaid workers' compensation premium or USL&H premium due or in dispute? <i>If yes, explain:</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
5. Is or has applicant been insured for USL&H in the voluntary market or self-insured in the last four years? <i>If yes, please attach payroll and claim history for the last four years. If self-insured, special binding procedures may apply.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Does applicant plan to cease its operations or plan to seek the protections of receivership or bankruptcy, or is applicant currently protected by a receivership or bankruptcy proceeding? <i>If yes, explain:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Has applicant had a workers' compensation or USL&H policy cancelled or non-renewed during the last five years? <i>If yes, explain:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Does the applicant have any uncorrected or disputed safety violations as cited by any public authority or insurance company representative? <i>If yes, explain:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Does applicant lease employees to/from other companies or place employees for temporary work assignments? <i>If yes, explain:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Does applicant use or plan to use subcontractors? <i>If yes, does applicant require subcontractors to provide evidence of coverage (certificate of insurance) as proof of USL&H insurance coverage?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

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VI. APPLICANT BUSINESS OPERATIONS

1. Describe applicant's overall business operations.

2. Describe *in detail* applicant's maritime operations.

3. How many employees work on or adjacent to navigable waterways?

4. On average, how many total company employees regularly work at or from your place of business **in** Washington?

5. On average, how many total company employees work **outside** of Washington?

6. For workers not regularly working at or from your place of business in Washington, on average how many (total) are domiciled (maintaining true, fixed, and permanent homes) in Washington and spend a substantial part of their working time in the service of the company in Washington?

7. Excluding clerical employees, what percentage of your operations involve maritime activity? %

8. Does applicant own or lease any watercraft?) YES NO
If yes, provide P&I carrier name & policy number: (if none, so state)

9. Location of USL&H work in Washington state:

10. Location and duration of any out-of-state USL&H work: *(if none, so state)* Note: USL&H insurance coverage does not extend to foreign ports. Applicant will need other workers' compensation insurance for workers in foreign ports.

VII. USL&H COVERAGE

USL&H Occupation & Duties <i>(list out-of-state work separately)</i>	# of USL&H Employees*	Estimated USL&H Payroll	Class Code**	Rate per \$100**	Estimated Premium**
Totals >					

**All active officers and owners of corporations or members and owners of LLC's are considered employees and their payroll should be included (subject to a minimum payroll of \$500 per week and a maximum of \$1,900 per week). Sole proprietors and partners in partnerships are not entitled to USL&H benefits so their payroll should not be included.*

***Columns for class code, rate, and estimated premium may be left blank. The Servicing Carrier will advise broker of the estimated premium and any policy issued will show estimated premiums at inception with actual premiums determined by audit during the policy term or after the policy expires.*

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VIII. EMPLOYERS' LIABILITY COVERAGE			
	Coverage Options		
	<i>Option 1</i>	<i>Option 2</i>	<i>Option 3</i>
<i>Bodily Injury by Accident each accident</i>	\$100,000	\$500,000	\$1,000,000
<i>Bodily Injury by Disease each employee</i>	\$100,000	\$500,000	\$1,000,000
<i>Bodily Injury by Disease policy limit</i>	\$500,000	\$500,000	\$1,000,000
<i>Additional Charge as a % of USL&H Premium</i>	Included	1.7%	2.8%
SELECT DESIRED OPTION>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IX. MARITIME EMPLOYERS' LIABILITY (MEL) COVERAGE					
Do you wish to purchase Maritime Employers' Liability (MEL) coverage?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	Available Coverage Limits				
<i>Bodily Injury by Accident each accident</i>	\$100,000				
<i>Bodily Injury by Disease aggregate</i>	\$100,000				
Vessel Operations <i>(complete only if MEL Coverage has been selected)</i>					
Describe Type of Vessel	# of Employees	Estimated Payroll	MEL Class Code	Rate* <i>(per \$100)</i>	Estimated Premium*
			7047		
<i>MEL Coverage Minimum Premium</i>					\$1,000
<i>*Columns for rate and estimated premium may be left blank. Underwriter will advise broker of the estimated premium.</i>				Total	

X. DEPOSIT PREMIUM
<p>If applicant meets eligibility requirements the Servicing Carrier will provide notice to the broker of the estimated annual premium (EAP) and the required deposit premium. The broker has the option of including a check for deposit premium with this application but such action does not bind coverage. Deposit premium requirements for annual policies are:</p> <ul style="list-style-type: none"> For an EAP \$5,000 or less, the deposit must be 100% of the EAP. For an EAP over \$5,000 and up to \$25,000, the deposit must be 45% or more of the EAP but in no event can the deposit be less than the policy minimum premium. For an EAP of \$25,000 and over, the deposit must be 30% or more of the EAP. <p>Coverage is effective only when expressly stated in a written confirmation of coverage from the Servicing Carrier.</p>

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XI. BROKER CERTIFICATION

The undersigned broker certifies that good faith efforts have been made in the past 60 days to secure USL&H coverage from the voluntary market, that a voluntary market is not available for this applicant and that verifiable records of such efforts and results are maintained and available to the Plan or Servicing Carrier upon request.

Broker Name (Print)Broker SignatureDate

XII. APPLICANT AGREEMENTS & SIGNATURE

1. The applicant represents that the information provided in this application, which includes additional required application materials, is true and correct. The applicant acknowledges that, if a policy is issued, it will have been issued in reliance of the truth of such representations which are agreed to be material to the Servicing Carrier's decision to issue the policy and in the calculation of the premium. The applicant further acknowledges that the Servicing Carrier has the right to cancel the policy in the event the provided information is not true and correct.
2. Applicant understands that changes to payrolls, classification codes and jurisdictional determinations may be made by the Servicing Carrier before a policy is issued, during a policy term or after a policy expires. Applicant understands such changes may result in additional premium charges.
3. Applicant understands the Servicing Carrier (not Washington Labor & Industries or the U.S. Dept. of Labor) determines USL&H premium charges. Premium charges are calculated on the basis of the total payroll paid or payable by the Insured for services of workers who could receive benefits for work-related injuries as provided by the policy.
4. Applicant understands an injured worker who has any maritime connection might have the right to pursue federal USL&H Act benefits and that the USL&H Act declares a presumption that benefits are payable under the Act rebuttable only by substantial evidence to the contrary.
5. Applicant understands the applicant is responsible for USL&H coverage for any uninsured subcontractors and is subject to additional premium charges for any uninsured subcontractors.
6. Applicant agrees:
 - a. To maintain complete records of all payroll transactions in a form that the Servicing Carrier may reasonably require and to make such records available to the Servicing Carrier at any time.
 - b. To comply substantially with all laws, orders, rules and regulations and reasonable recommendations from the Servicing Carrier relating to the health and safety of employees.
 - c. To allow access to business operations and worksites for inspection at any time.
7. Applicant expressly authorizes the Washington USL&H Assigned Risk Plan and the Servicing Carrier to access applicant's records and reports on file with the Department of Revenue (DOR) and with the Department of Labor and Industries (L&I) for the state of Washington and exchange information with the DOR, L&I, and the U.S. Dept. of Labor for the purpose of verifying information related to this application or any resultant policy or renewal policy issued to the applicant, or as otherwise required or requested by DOR, L&I, or the U.S. Dept. of Labor.

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 Authorized SignatureName & Title (Print)

Applicant's Entity Name (Print)Date