



Workers Compensation Insurance Program

Stratus Insurance W: 801-763-1375 F: 801-763-1374

Applicant Name: _____

Mailing Address: _____

Yrs. In Business: _____

Website: _____ Federal ID Number: _____

Sole Proprietor
 Partnership
 Corporation
 "S" Corporation
 LLC
 Joint Venture
 Other

Proposed Effective Date: ____/____/____ Normal Effective Date: ____/____/____ CWA Member? _____

Owners, Partners, Officers, Relatives – To be Included or Excluded from Coverage

State	Name	Date of Birth	Title/Relationship	Ownership %	Duties	Annual Payroll	Incl/ Excl.

Locations:

Loc. #	Street, City, State, Zip

Rating Information:

Loc. #	Category, Duties, Classification	Annual Payroll	# Employees	
			FT	PT

Prior Carrier Information: Insurance Company Loss Runs Included

Year	Insurance Carrier	Policy Number	Annual Premium	# Claims	Amount Paid	Amount Reserve

Nature of Business/Description of Operations:

General Information:

Explain all "Yes" Responses	Yes	No
1. Do you own, operate or lease aircraft/watercraft?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you lease your employees or use leased employees?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you sub-contract any work without certificates of Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does any location have more than 100 employees?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there any group transportation provided?	<input type="checkbox"/>	<input type="checkbox"/>
6. During the past 4 years, has your loss ration exceeded 40%?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have less than 2 Full Time employees, other than family members?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you use sub-contracted labor or labor identified as independent contractors?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have more than 25% of your payroll in Clerical?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you operate in more than one state?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you engaged in any other type of business?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are any of your employees under 16 or over 60 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
13. Any employees with physical handicaps?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do employees travel out of state?	<input type="checkbox"/>	<input type="checkbox"/>
15. Any athletic teams sponsored?	<input type="checkbox"/>	<input type="checkbox"/>
16. Are physicals required after offers of employment are made?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you have any other insurance with Meadowbrook Insurance Company?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you had any prior workers compensation insurance coverage declined/cancelled/non-renewed in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
19. Are Employee Health plans provided?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is there a labor exchange with any other business/subsidiary?	<input type="checkbox"/>	<input type="checkbox"/>
21. Do any employees predominantly work from home?	<input type="checkbox"/>	<input type="checkbox"/>
22. Any tax liens or bankruptcy within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
23. Any undisputed and unpaid workers comp. premiums due from you or any commonly managed/owned Enterprises?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you been in business for less than 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
25. Have you maintained Workers Comp. Insurance at all times?	<input type="checkbox"/>	<input type="checkbox"/>
26. Have you ever been sited by OSHA?	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you have written employment policies, procedures, guidelines or practices regarding workplace safety?	<input type="checkbox"/>	<input type="checkbox"/>
28. Do you provide orientation or training in the correct use of ladders for route setters?	<input type="checkbox"/>	<input type="checkbox"/>
29. Do you use volunteer labor?	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you provide orientation or training in proper self belay techniques for route setters?	<input type="checkbox"/>	<input type="checkbox"/>
31. Do route setters ever climb above their fall protection system in your facility?	<input type="checkbox"/>	<input type="checkbox"/>
32. Do route setters ever work alone in your facility?	<input type="checkbox"/>	<input type="checkbox"/>
33. Do you operate a bungee jumping attraction?	<input type="checkbox"/>	<input type="checkbox"/>
34. Do you offer outdoor climbing excursion or expeditions?	<input type="checkbox"/>	<input type="checkbox"/>
35. Do you maintain or support one or more traveling climbing teams?	<input type="checkbox"/>	<input type="checkbox"/>
36. Is 5% or more of your revenue derived from the operation of a portable climbing wall?	<input type="checkbox"/>	<input type="checkbox"/>
37. Are you domiciled in California?	<input type="checkbox"/>	<input type="checkbox"/>
38. Do you have any exposure to USL &F or other Federal Act?	<input type="checkbox"/>	<input type="checkbox"/>

Signature & Title

Date

**Please Include a Copy of Your Current Workers Compensation Declaration Page
(first page of policy) and Classification Code/Rate Page**

Fax application to (801) 763-1375, or
email to allen@stratusins.com