

AGENCY NAME AND ADDRESS Agency Name Robin W. Smith		COMPANY: COMPANY	
PRODUCER NAME: Robin W. Smith		UNDERWRITER: UNDERWRITER	
CS REPRESENTATIVE NAME: Robin W. Smith		APPLICANT NAME: Robin W. Smith	
OFFICE PHONE (A/C. No. Ext): (555) 444-3333		OFFICE PHONE: (555) 444-3333	MOBILE PHONE: (555) 444-3333
MOBILE PHONE: (555) 444-3333		MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) 123 Main St #234, San Francisco CA, 94106	
FAX (A/C. No.): (555) 444-3333		YRS IN BUS: YRS IN BUS	
E-MAIL ADDRESS: testy@example.com		SIC: SIC	
E-MAIL ADDRESS: testy@example.com		NAICS: NAICS	
CODE: CODE SUB CODE: SUB CODE		WEBSITE ADDRESS: ADDRESS WEBSITE	
AGENCY CUSTOMER ID: AGENCY CUSTOMER ID		E-MAIL ADDRESS: testy@example.com	
		<input checked="" type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> CORPORATION
		<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORP
		<input type="checkbox"/> LLC	<input type="checkbox"/> TRUST
		<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> UNINCORPORATED ASSOCIATION
		OTHER: OHER	
		CREDIT BUREAU NAME: Robin W. Smith	
		ID NUMBER: DESCRIPTION	
		FEDERAL EMPLOYER ID NUMBER	
		NCCI RISK ID NUMBER	
		OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER	
		FEDERAL EMPLOYER ID	
		NCCI RISK ID	
		OTHER RATING BUREAU ID	

STATUS OF SUBMISSION		BILLING / AUDIT INFORMATION		NUMBER		OR STATE EMPLOYER	
<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	BILLING PLAN		PAYMENT PLAN		AUDIT / REGISTRATION NUMBER	
<input type="checkbox"/> BOUND (Give date and/or attach copy)		<input checked="" type="checkbox"/> AGENCY BILL	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> PAYMENT PLAN OTHER	<input checked="" type="checkbox"/> AT EXPIRATION	<input type="checkbox"/> MONTHLY	
<input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)		<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> AUDIT	
			<input type="checkbox"/> QUARTERLY	% DOWN: %	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> OHER	

LOC #	HIGHEST FLOOR	STREET, CITY, COUNTY, STATE, ZIP CODE	DESCRIPTION
LO-CA	HIGHEST	123 Main St #234, San Francisco CA, 94106	
LO-CA	HIGHEST	123 Main St #234, San Francisco CA, 94106	
LO-CA	HIGHEST	123 Main St #234, San Francisco CA, 94106	

PROPOSED EFF DATE 05/03/2024	PROPOSED EXP DATE 05/03/2024	RATING EFFECTIVE DATE (if applicable) 05/03/2024	ANNIVERSARY RATING DATE (if applicable) 05/03/2024	<input checked="" type="checkbox"/> PARTICIPATING	RETRO PLAN RETRO PLAN
PART 1 - WORKERS COMPENSATION (States)		PART 2 - EMPLOYER'S LIABILITY		PART 3 - OTHER STATES INS	
PART 1 WORKERS COMPENSATION		PART 2 EMPLOYERS LIABILITY		PART 3 OTHER STATES INS	
\$ 12,345.67		\$ 12,345.67		\$ 12,345.67	
DISEASE POLICY LIMIT		DISEASE-EACH EMPLOYEE		DEDUCTIBLES (N/A in WI)	
				<input checked="" type="checkbox"/> MEDICAL	
				<input type="checkbox"/> INDEMNITY	
				AMOUNT / % (N/A in WI)	
				AMOUNT / %	
DIVIDEND PLAN / SAFETY GROUP		ADDITIONAL COMPANY INFORMATION		OTHER COVERAGES	
DIVIDEND PLAN SAFETY GROUP		ADDITIONAL COMPANY INFORMATION		<input checked="" type="checkbox"/> U.S.L. & H. VOLUNTARY COMP	
				<input type="checkbox"/> FOREIGN COV	
				<input type="checkbox"/> MANAGED CARE OPTION	
				<input type="checkbox"/> OTHER COVERAGES	
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					
SPECIFY ADDITIONAL COVERAGES ENDORSEMENTS					

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES		
TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES \$ 12,345.67	TOTAL MINIMUM PREMIUM ALL STATES \$ 12,345.67	TOTAL DEPOSIT PREMIUM ALL STATES \$ 12,345.67

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION	Robin W. Smith	(555) 444-3333	(555) 444-3333	testy@example.com
ACCTNG RECORD	Robin W. Smith	(555) 444-3333	(555) 444-3333	testy@example.com
CLAIMS INFO	Robin W. Smith	(555) 444-3333	(555) 444-3333	testy@example.com

INDIVIDUALS INCLUDED / EXCLUDED									
PARTNERS, OWNERS, 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 or waivers in California must meet the requirements of Cal. Labor Code §§3351 and 3352.									
STATE	LOC #	NAME	DATE OF BIRTH	TITLE/RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL
STATE	1	Robin W. Smith	05/03/2024	TITLE RELATIO-	50	DUTIES 1	INC EXC	CLASS CODE 1	REMUNERATION PAYROLL 1
STATE	2	Robin W. Smith	05/03/2024	TITLE RELATIO-	50	DUTIES 2	INC EXC	CLASS CODE 2	REMUNERATION PAYROLL 2
STATE	3	Robin W. Smith	05/03/2024	TITLE RELATIO-	50	DUTIES 3	INC EXC	CLASS CODE 3	REMUNERATION PAYROLL 3
STATE	4	Robin W. Smith	05/03/2024	TITLE RELATIO-	50	DUTIES 4	INC EXC	CLASS CODE 4	REMUNERATION PAYROLL 4

STATE RATING WORKSHEET

FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

RATING INFORMATION STATE _____

RATING INFORMATION - STATE:

LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES FULL TIME	# EMPLOYEES PART TIME	SIC	NAICS	ESTIMATED ANNUAL REMUNERATION/PAYROLL	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
LOC Row	CLASS CODE	DESCR CODE	CATEGORIES DUTIES CLASSIFICATIONS ROW 1	EMP-LOY-	EMP-LOY-	SIC ROW	NAI-CS	\$12,345.67	\$12,345.67	\$12,345.67
1LOC Row	RDASS CODE	DBS-DR	CATEGORIES DUTIES CLASSIFICATIONS ROW 2	EES-PUOL	EES-PAG-	SIC ROW	NOI-US1	\$12,345.67	\$12,345.67	\$12,345.67
2OC Row	RDASS CODE	BOS-DR1	CATEGORIES DUTIES CLASSIFICATIONS ROW 3	YMS-RODM	YMS-PBAE	SIC ROW	NOI-US2	\$12,345.67	\$12,345.67	\$12,345.67
3OC Row	RDASS CODE	BOS-DR2	CATEGORIES DUTIES CLASSIFICATIONS ROW 4	YMS-PUO-	YMS-PBA-	SIC ROW	NOI-US3	\$12,345.67	\$12,345.67	\$12,345.67
4OC Row	RDASS CODE	BOS-DR3	CATEGORIES DUTIES CLASSIFICATIONS ROW 5	YMS-PUOL	YMS-PBA-	SIC ROW	NOI-US4	\$12,345.67	\$12,345.67	\$12,345.67
5OC Row	RDASS CODE	BOS-DR4	CATEGORIES DUTIES CLASSIFICATIONS ROW 6	YMS-ROY-	YMS-ROW-	SIC ROW	NOI-US5	\$12,345.67	\$12,345.67	\$12,345.67
6OC Row	RDASS CODE	BOS-DR5	CATEGORIES DUTIES CLASSIFICATIONS ROW 7	YMS-PUOL	YMS-PBA-	SIC ROW	NOI-US6	\$12,345.67	\$12,345.67	\$12,345.67
7OC Row	RDASS CODE	BOS-DR6	CATEGORIES DUTIES CLASSIFICATIONS ROW 8	YMS-RODM	YMS-ROWE	SIC ROW	NOI-US7	\$12,345.67	\$12,345.67	\$12,345.67
8OC Row	RDASS CODE	BOS-DR7	CATEGORIES DUTIES CLASSIFICATIONS ROW 9	YMS-PUOL	YMS-PBA-	SIC ROW	NOI-US8	\$12,345.67	\$12,345.67	\$12,345.67
9OC Row	RDASS CODE	BOS-DR8	CATEGORIES DUTIES CLASSIFICATIONS ROW 10	YMS-RODM	YMS-PBAE	SIC ROW	NOI-US9	\$12,345.67	\$12,345.67	\$12,345.67
10OC Row	RDASS CODE	BOS-DR9	CATEGORIES DUTIES CLASSIFICATIONS ROW 11	YMS-FOYL	YMS-PBA-	SIC ROW	NOI-US	\$12,345.67	\$12,345.67	\$12,345.67
11OC Row	RDASS CODE	BOS-DR	CATEGORIES DUTIES CLASSIFICATIONS ROW 12	YMS-PUOL	YMS-PBA-	SIC ROW	NOI-US	\$12,345.67	\$12,345.67	\$12,345.67
12OC Row	RDASS CODE	BOS-DR	CATEGORIES DUTIES CLASSIFICATIONS ROW 13	YMS-RODM	YMS-PBAE	SIC ROW	NOI-US	\$12,345.67	\$12,345.67	\$12,345.67
13OC Row	RDASS CODE	BOS-DR	CATEGORIES DUTIES CLASSIFICATIONS ROW 14	YMS-FOYL	YMS-PBA-	SIC ROW	NOI-US	\$12,345.67	\$12,345.67	\$12,345.67

STATE:	FACTOR	FACTORED PREMIUM	PREMIUM NAME ROW 1	FACTOR	FACTORED PREMIUM
TOTAL	N / A	\$ 12,345.67	PREMIUM NAME ROW 1	PREMI-	\$ 12,345.67
INCREASED LIMITS	PREMI-	\$ 12,345.67	SCHEDULE RATING *	PREMI-	\$ 12,345.67
DEDUCTIBLE *	14	\$ 12,345.67	CCPAP	PREMI-	\$ 12,345.67
EXPERIENCE OR MERIT MODIFICATION	PREMI-	\$ 12,345.67	STANDARD PREMIUM	PREMI-	\$ 12,345.67
TERRORISM	PREMI-	\$ 12,345.67	PREMIUM DISCOUNT	PREMI-	\$ 12,345.67
CATASTROPHE	PREMI-	\$ 12,345.67	EXPENSE CONSTANT	PREMI-	\$ 12,345.67
ASSIGNED RISK SURCHARGE *	PREMI-	\$ 12,345.67	TAXES / ASSESSMENTS *	PREMI-	\$ 12,345.67
ARAP *	PREMI-	\$ 12,345.67	PREMIUM NAME ROW 2	PREMI-	\$ 12,345.67
* N / A in Wisconsin					
TOTAL ESTIMATED ANNUAL PREMIUM		\$ 12,345.67	MINIMUM PREMIUM	DEPOSIT PREMIUM	\$ 12,345.67

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 11

REMARKS ACORD 101

PRIOR CARRIER INFORMATION / LOSS HISTORY

YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
YEAR ROW 1	CO: CARRIER NUMBER ROW 1 POL #: POLICY NUMBER ROW 1	\$12,345.67	MOD ROW 1	CLAIMS ROW 1	\$12,345.67	RESERVE ROW 1
YEAR ROW 2	CO: CARRIER NUMBER ROW 2 POL #: POLICY NUMBER ROW 2	\$12,345.67	MOD ROW 2	CLAIMS ROW 2	\$12,345.67	RESERVE ROW 2
YEAR ROW 3	CO: CARRIER NUMBER ROW 3 POL #: POLICY NUMBER ROW 3	\$12,345.67	MOD ROW 3	CLAIMS ROW 3	\$12,345.67	RESERVE ROW 3
YEAR ROW 4	CO: CARRIER NUMBER ROW 4 POL #: POLICY NUMBER ROW 4	\$12,345.67	MOD ROW 4	CLAIMS ROW 4	\$12,345.67	RESERVE ROW 4
YEAR ROW 5	CO: CARRIER NUMBER ROW 5 POL #: POLICY NUMBER ROW 5	\$12,345.67	MOD ROW 5	CLAIMS ROW 5	\$12,345.67	RESERVE ROW 5

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

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.

NATURE OF BUSINESS AND DESCRIPTION OF OPERATIONS

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT? GENERAL INFORMATION 1	GENERAL INFORMATION
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) GENERAL INFORMATION 2	GENERAL INFORMATION
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? GENERAL INFORMATION 3	GENERAL INFORMATION
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? GENERAL INFORMATION 4	GENERAL INFORMATION
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? GENERAL INFORMATION 5	GENERAL INFORMATION
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted) GENERAL INFORMATION 6	GENERAL INFORMATION
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) GENERAL INFORMATION 7	GENERAL INFORMATION
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION? GENERAL INFORMATION 8	GENERAL INFORMATION
9. ANY GROUP TRANSPORTATION PROVIDED? GENERAL INFORMATION 9	GENERAL INFORMATION
10. ANY SEASONAL EMPLOYEES? GENERAL INFORMATION 10	GENERAL INFORMATION
11. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify) GENERAL INFORMATION 11	GENERAL INFORMATION
12. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency) GENERAL INFORMATION 12	GENERAL INFORMATION
13. ARE ATHLETIC TEAMS SPONSORED? GENERAL INFORMATION 13	GENERAL INFORMATION
14. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE? GENERAL INFORMATION 14	GENERAL INFORMATION
15. ANY OTHER INSURANCE WITH THIS INSURER? GENERAL INFORMATION 15	GENERAL INFORMATION
16. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? GENERAL INFORMATION 16	GENERAL INFORMATION

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
17. ARE EMPLOYEE HEALTH PLANS PROVIDED? GENERAL INFORMATION 17	GENERAL INFORMATION Y
18. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES? GENERAL INFORMATION 18	GENERAL INFORMATION Y
19. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? GENERAL INFORMATION 19	GENERAL INFORMATION Y
20. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____ GENERAL INFORMATION 20	GENERAL INFORMATION Y
21. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify) GENERAL INFORMATION 21	GENERAL INFORMATION Y
22. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S). GENERAL INFORMATION 22	GENERAL INFORMATION Y

SIGNATURE

<input checked="" type="checkbox"/> Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)			
<p>PERSONAL INFORMATION MAY BE COLLECTED FROM PERSONS OTHER THAN THE INDIVIDUAL OR INDIVIDUALS PROPOSED FOR COVERAGE. SUCH INFORMATION AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED BY THE INSURANCE INSTITUTION OR AGENT MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT AUTHORIZATION. A RIGHT OF ACCESS AND CORRECTION EXISTS WITH RESPECT TO ALL PERSONAL INFORMATION COLLECTED. UPON REQUEST, A MORE DETAILED NOTICE OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION WILL BE FURNISHED.</p> <p>(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)</p> <p style="text-align: right;">(Applicant's Initials): <u>APPLICANT'S INITIALS</u></p>			
<p>COPY OF THE NOTICE OF INFORMATION PRACTICES HAS BEEN GIVEN TO THE APPLICANT</p>			
<p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.</p>			
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER