

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	EMPLOY-	EMPLOY-	SIC ROW	NAICS	\$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	NAI-051	\$12,345.67	\$12,345.67	\$12,345.67
2OC Row	RDASS CODE	BOS-DR1	CATEGORIES DUTIES CLASSIFICATIONS ROW 3	EES-RODM	EES-PABE	SIC ROW	NAI-052	\$12,345.67	\$12,345.67	\$12,345.67
3OC Row	RDASS CODE	BOS-DR2	CATEGORIES DUTIES CLASSIFICATIONS ROW 4	EES-PUOL	EES-PAB-	SIC ROW	NAI-053	\$12,345.67	\$12,345.67	\$12,345.67
4OC Row	RDASS CODE	BOS-DR3	CATEGORIES DUTIES CLASSIFICATIONS ROW 5	EES-PUOL	EES-RBAV	SIC ROW	NAI-054	\$12,345.67	\$12,345.67	\$12,345.67
5OC Row	RDASS CODE	BOS-DR4	CATEGORIES DUTIES CLASSIFICATIONS ROW 6	EES-ROY-	EES-RBA-	SIC ROW	NAI-055	\$12,345.67	\$12,345.67	\$12,345.67
6OC Row	RDASS CODE	BOS-DR5	CATEGORIES DUTIES CLASSIFICATIONS ROW 7	EES-PUOL	EES-RBAV	SIC ROW	NAI-056	\$12,345.67	\$12,345.67	\$12,345.67
7OC Row	RDASS CODE	BOS-DR6	CATEGORIES DUTIES CLASSIFICATIONS ROW 8	EES-ROM-	EES-RBAE	SIC ROW	NAI-057	\$12,345.67	\$12,345.67	\$12,345.67
8OC Row	RDASS CODE	BOS-DR7	CATEGORIES DUTIES CLASSIFICATIONS ROW 9	EES-PUOL	EES-RBA-	SIC ROW	NAI-058	\$12,345.67	\$12,345.67	\$12,345.67
9OC Row	RDASS CODE	BOS-DR8	CATEGORIES DUTIES CLASSIFICATIONS ROW 10	EES-RODM	EES-RBAE	SIC ROW	NAI-059	\$12,345.67	\$12,345.67	\$12,345.67
10OC Row	RDASS CODE	BOS-DR9	CATEGORIES DUTIES CLASSIFICATIONS ROW 11	EES-FOYL	EES-RBA-	SIC ROW	NAI-06	\$12,345.67	\$12,345.67	\$12,345.67
11OC Row	RDASS CODE	BOS-DR	CATEGORIES DUTIES CLASSIFICATIONS ROW 12	EES-PUOL	EES-RBA-	SIC ROW	NAI-06	\$12,345.67	\$12,345.67	\$12,345.67
12OC Row	RDASS CODE	BOS-DR	CATEGORIES DUTIES CLASSIFICATIONS ROW 13	EES-ROM-	EES-RBAE	SIC ROW	NAI-06	\$12,345.67	\$12,345.67	\$12,345.67
13OC Row	RDASS CODE	BOS-DR	CATEGORIES DUTIES CLASSIFICATIONS ROW 14	EES-FOYL	EES-RBA-	SIC ROW	NAI-06	\$12,345.67	\$12,345.67	\$12,345.67

STATE:	PREMIUM STATE	FACTOR	FACTORED PREMIUM	PREMIUM NAME ROW 1	FACTOR	FACTORED PREMIUM
TOTAL	RD-	N/A	\$ 12,345.67	PREMIUM NAME ROW 1	PREMI-	\$ 12,345.67
INCREASED LIMITS	W	PREMI-	\$ 12,345.67	SCHEDULE RATING *	PREMI-	\$ 12,345.67
DEDUCTIBLE *	14	PREMI-	\$ 12,345.67	CCPAP ROW	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			MINIMUM PREMIUM	DEPOSIT PREMIUM		
\$ 12,345.67			\$ 12,345.67	\$ 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