

WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

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ACORD 130 (2013/09)

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			STATE RATI	NG WOI	RKSHE	ET						
FOR	MULTIPLE	STATES	5, ATTACH AN ADDITIONAL PAGE 2 OF	THIS FO	DRM							
RATI	ATING INFORMATION - STATE:											
LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMP FULL TIME	LOYEES PART TIME	SIC	NAICS	ESTIMATED ANNUAL REMUNERATION/ PAYROLL	RATE	ESTIMATED ANNUAL MANUAL PREMIUM		
										-		

PREMIUM

STATE:	FACTOR		FACTORED PREMIUM			FACTOR	FACTORED PREMIUM	
TOTAL	N/A	\$					\$	
INCREASED LIMITS		\$		SCHEDULE RATING *			\$	
DEDUCTIBLE *		\$		CCPAP			\$	
	\$			STANDARD PREMIUM			\$	
EXPERIENCE OR MERIT MODIFICATION \$		\$		PREMIUM DISCOUNT			\$	
		\$		EXPENSE CONSTANT		N/A	\$	
ASSIGNED RISK SURCHARGE *		\$		TAXES / ASSESSMENTS *		N/A	\$	
ARAP *		\$					\$	
* N / A in Wisconsin								
TOTAL ESTIMATED ANNUAL PREMIUM			MINIMUMPREMIUM		DEPOSIT PREMIUM			
\$			\$ \$					

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

PRIOR CARRIER INFORMATION / LOSS HISTORY

AGENCY CUSTOMER ID: _

PROVIDE II	FORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTIO	LOSS RUN ATTAC	LOSS RUN ATTACHED			
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					

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.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

EX	PLAIN ALL "YES" RESPONSES	Y/N
1.	DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	
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)	
3.	ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	
4.	ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	
5.	IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	
6.	ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	
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)	
8.	IS A WRITTEN SAFETY PROGRAM IN OPERATION?	
9.	ANY GROUP TRANSPORTATION PROVIDED?	
10.	ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	
11.	ANY SEASONAL EMPLOYEES?	
12.	IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	
13	ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	
14.	DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	
15.	ARE ATHLETIC TEAMS SPONSORED?	
16.	ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	

GENERAL INFORMATION (continued)

Y/N

EXP	LAIN ALL "YES" RESPONSES
17	ANV OTHED INCLIDANCE WITH THIS INCLIDED?

18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)

19. ARE EMPLOYEE HEALTH PLANS PROVIDED?

20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?

21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?

22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: ____

23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)

24. 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).

SIGNATURE

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.) PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (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.) (Applicant's Initials):

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

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.

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER	

R
ACORD

AGENCY CUSTOMER ID:

		AGENC	CUSTOMER ID:				
ACORD®	WORKERS COMI	PENSATION I SIGNED RISK SEC		N	DATE (MM/DI	D/YYYY)
WORKERS COMPENSATIO	H AN ACORD 130 WORKE ON INSURANCE PLAN (ASSI PLEASE REFER TO THE S	GNED RISK) COVER	RAGE. THIS FORM MUST	BE ATTAC	CHED TO AN A		RD "S.
SUPPLEMENTAL INFORMAT PAYROLL OFFICE NAME, ADDRESS AND PLEASE PROVIDE DRIVING INSTRUCTIO	TELEPHONE NUMBER (A PO BOX ADDRES	SS ALONE IS NOT ACCEPTAB	LE.				
STATE DEVELOPING HIGHEST PAYROLI							
EXPLAIN ALL "YES" RESPONSES IN THE						YES	S NC
 HAS THERE BEEN PREVIOUS IN THIS STATE? IN ANY OTHER STATE? IF NO TO BOTH QUESTION 		-			# EMPLOYEES		
2. IS THERE ANY UNPAID WORK	KERS COMPENSATION PREMIUM DI		I YOU OR ANY COMMONLY MAI				
	(-).						
3. YEAR APPLICANT'S BUSINES							_
	HANGE, CONSOLIDATION, MERGER IG THE PAST FIVE (5) YEARS? IF YE			SSETS OR			
5. IS APPLICANT RELATED THR	OUGH COMMON MANAGEMENT OF QUIRED OR NOT? IF YES, PROVIDE	R OWNERSHIP TO ANY E	NTITY NOT LISTED ON THE AC	ORD 130 FOF	RM,		
NAME OF PROFESSIONAL EN	ROM A PROFESSIONAL EMPLOYER IPLOYER ORGANIZATION (PEO):			UCTIONS.		_	
ARE YOU SEEKING TO COVE	O A CLIENT COMPANY? IF YES, RE	FER TO WCIP INSTRUCT	IONS.				_
 IF YES, REFER TO WCIP INS DO YOU PROVIDE TEMPORA 							
10. DO YOU HAVE A FRANCHISE	OR LICENSING AGREEMENT? IF Y	ES, PROVIDE A COPY OF	THE AGREEMENT.				
11. IS COVERAGE REQUESTED F NAME OF SPORTS TEAM:	FOR A SPORTS TEAM? IF YES, PRO	VIDE NAME OF SPORTS	TEAM AND DOMICILED STATE. DOMICILED STATE				
				•			
13. DO YOU OR YOUR EMPLOYE	ONS APPLY? IF YES, COMPLETE Q ES REGULARLY OPERATE FROM A ROVIDE A LIST OF TERMINAL ADDR	BASE TERMINAL(S) WHI	CH IS (ARE) USED TO LOAD, UN	NLOAD, STOR	E OR TRANSFER		
#		CITY	COUNTY	ST	ZIP CODE		
2							
14. CAN EACH DRIVER'S STATE	OF MAJORITY DRIVING TIME BE ES	TABLISHED THROUGH V	ERIFIABLE RECORDS OR LOGS	?			
	ALL DRIVERS / HELPERS AND THEI						
	ALE DRIVERS / HELFERS AND THEN			1			
[DRIVER NAME	TERMINAL # (SEE ABOVE)	MAJORITY DRIVING STATE	RESI	DENCE STATE		
2 3						_	
16. WHAT TYPE(S) OF GOODS AF	RE BEING HAULED? (e.g., coal, dry g	goods, explosives, scaffoldi	ng, water / waste fluids from oil fie	ld sites, etc.)			
17. DO YOU OWN THESE GOODS	5?						
		AL SERVICE? IF YES, PR	OVIDE COPY OF CONTRACT(S)				
20. WITHIN WHAT MILE RADIUS I ACORD 133 (2012/12)		RIAL COPYRIGHTED BY NCCI. I	INC) © 1993-2012 ACORD C	ORPORATI	ON. All rights re	eserv	/ed
	(

			AGENCY CUSTOMER	ID:				
INS	URANCE COMPANIES WHO	HAVE OFFERED/REFUSED INSU	RANCE			YES	NO	
21. HAVE YOU RECEIVED ANY OFFERS OF VOLUNTARY COVERAGE? (INCLUDE MULTI-LINE OR RETROSPECTIVE RATING PLAN, IF APPLICABLE) IF YES, PROVIDE FULL DETAILS INCLUDING PLAN TERMS.								
22.	STATE SPECIFIC GUIDELINES):	URANCE COMPANIES WHICH HAVE RI			,	L CE W	ITH	
COM	IPANYNAME	REPRESENTATIVE NAME	TELEPHONE NUMBER	DATE OF REFUSAL	COMMENTS			
	•	VCIP instruction sheet for state re					NO	
23.	IS THE PREMIUM FINANCED THE	ROUGH A THIRD PARTY PREMIUM FINA	ANCE COMPANY? IF YES, A COPY	OF THE AGREEMENT	MUST BE PROVIDED.			
24.	IN APPLICABLE JURISDICTIONS CONTINGENCY DEPOSIT BEING	ON QUALIFYING RISKS, IS THE LOSS S PAID IN FULL AT THIS TIME?	SENSITIVE RATING PROGRAM (LSI	RP)				
25.	USED TO SUBMIT THE REQUIRE 1. Credit Card (for applications s	DEPOSIT PREMIUM IS REQUIRED IN (DINITIAL OR DEPOSIT PREMIUM: ubmitted ONLINE at ncci.com ONLY) in the form of an Automated Clearing Hou		FOLLOWING PAYME	NT METHODS MAY BE			
		structions provided within NCCI's RMAPS npleted and signed ACORD 130 and 133 f		ent screens. All payme	ents by credit card and elect	ronic		
	3. Check or Money Order (for MA	AILED applications ONLY)						
	0 / 1	f payment, made payable to NCCI, Inc., are	acceptable:					
		shier's, Producer's, Finance Company's						
	b. Money Order							
	All checks and money orde	rs MUST be made payable to NCCI, Inc., ar	nd accompany completed and signed A	CORD 130 and 133 forr	ns.			
		INFORMATION SHOULD BE ENTERED OULD THIS INFORMATION BE INCLUD		or 133 FORMS. A DEI	LAY IN PROCESSING YOU	IR		
	undersigned Applicant, or the u Applicant further understands a	sk workers compensation insurance ap undersigned Producer on Applicant's b and agrees that all premium transaction the undersigned Applicant, or the under Administrator.	behalf, has designated and provide ns and/or premium-related transact	ed to NCCI, for the am ions must be process	ount of this transaction. and accepted by NCC	The and		

REMARKS (Attach additional sheets if more space is required)

APPLICANT'S STATEMENT

The undersigned Applicant hereby certifies that he/she has read and understands the questions and statements in this application, which is comprised of both the ACORD 130 and ACORD 133 forms. In consideration of coverage being afforded under the applicable Workers Compensation Insurance Plan developed or administered by NCCI (WCIP or Plan), by signing below, the Applicant also certifies that any and/or all responses provided in or to this application, which is comprised of both the ACORD 130 and ACORD 133 forms, are true and accurate and Applicant further understands and agrees that:

- Since he/she has been unable to secure workers compensation coverage in a regular manner through any other insurance carrier or provider, this
 coverage is being afforded under the applicable WCIP, and that the applicable rates and rating programs charged may be higher than those in the
 voluntary market.
- Coverage is NOT bound until the completed and signed application is received with the required initial or estimated annual deposit premium and eligibility is determined by the Plan Administrator.
- Provided that Applicant is determined to be eligible and in good faith entitled to WCIP insurance, based upon the information provided herein or otherwise available to the Plan Administrator, coverage will be bound in accordance with WCIP rules. See the WCIP for applicable binding rules.
- In approved jurisdictions, NCCI's Voluntary Coverage Assistance Program (VCAP® Service) applies to all employers seeking coverage under the Workers Compensation Insurance Plan, and:
 - · Is integrated with and operates as a supplemental program to NCCI's WCIP; and
 - · Operates in conjunction with NCCI's Residual Market Application Processing System (RMAPS® Online Application Service); and
 - Is designed as a depopulation tool to provide an additional source for producers and employers to secure workers compensation coverage in the voluntary market; and
 - All applications (electronic, phone-in, or mail-in) submitted to the Plan Administrator are reviewed to determine if they meet any of the
 preselected criteria specified by a participating voluntary carrier; and
 - If the Applicant meets the criteria of an authorized voluntary carrier (VCAP® User) and an offer of voluntary coverage is provided, the Applicant, its representative, and/or the producer, must accept a reasonable offer of voluntary coverage in accordance with the WCIP and VCAP® Service provisions, and further Applicant will be deemed ineligible for coverage under the WCIP if Applicant does not accept such reasonable offer of voluntary coverage; and
 - If an application does not meet any VCAP® User's criteria, the application will continue through NCCI's RMAPS® Online Application Service.

If deemed eligible under the WCIP and as further consideration of policy issuance under the WCIP, by signing below, the undersigned Applicant also agrees:

- To maintain a complete record of all payroll transactions in such form as the insurance company may reasonably require and that such record will be available to the company at the designated address; and
- To comply substantially with all laws, orders, rules, and regulations in force and effect issued by the public authorities relating to the welfare, health, and safety of employees; and
- To comply with all reasonable recommendations made by the insurance company relating to the welfare, health, and safety of employees; and
- To take no action in any form to evade the application of an experience rating modification determined in accordance with the applicable experience rating rules, as determined by NCCI, Inc.; and
- To comply with all WCIP rules and procedures and policy terms and conditions, including without limitation, those relating to audits, inspections, loss
 prevention, and/or premium payments, to maintain WCIP eligibility and coverage.

OUTSTANDING BONA FIDE DISPUTE

The undersigned Applicant also certifies that he/she has no outstanding bona fide dispute as provided in NCCI's WCIP with any producer or company in regard to: (a) payroll records; (b) the amount of premium charged; (c) the payment of premium; (d) the carrying out of any recommendation made for the purpose of safeguarding employees; (e) the handling of any claim or accident report except the following:

LOSS SENSITIVE RATING PLAN (LSRP)

In applicable jurisdictions where the NCCI's Loss Sensitive Rating Plan (LSRP) has been approved for use, the undersigned applicant further understands and agrees that by signing below, I (applicant) acknowledge that the Loss Sensitive Rating Plan (LSRP) has been explained to me, and I agree to be bound by the terms of such plan if my standard premium meets or exceeds the premium eligibility requirement. If these conditions are met, an additional LSRP contingency deposit equal to 20% of standard premium will be required; and

- At the time of application, LSRP has been explained to applicant by the Producer submitting this application on behalf of the applicant; and
- The above referenced additional LSRP contingency deposit is in addition to the initial or deposit premium required in accordance with the WCIP.

APPLICANT COMMUNICATIONS

- 1. By selecting the 'Yes' option adjacent to this #1 section, the undersigned Applicant consents and agrees to receive electronically transmitted information and/or communications issued by NCCI by means of electronic mail (email) messages that may contain electronic documents, including without limitation, any binder/verification pages issued by NCCI, and any notifications or other communications as determined by NCCI, to the email address provided by Applicant, or provided by the Producer on Applicant's behalf, to NCCI.
- 2. If "Yes" to #1 above, provide the valid email address to which the information, notifications and/or communications issued by NCCI should be electronically sent:
- 3. By selecting the 'Yes' option adjacent to this #3 section, the undersigned Applicant consents and agrees to receive electronically transmitted policy notifications and/or communications issued by the assigned carrier by means of electronic mail (email) messages that may contain electronic documents, including without limitation, any policy documents, cancellations, endorsements, renewal and/or nonrenewal notices, and any other policy notifications and/or communications as determined by the assigned carrier, but only to the extent that the assigned carrier is able and chooses in its discretion to transmit such policy notifications and/or communications electronically to the Applicant. If the assigned carrier is unable or does not choose to transmit such policy notifications and/or communications electronically, then hard copy policy notifications and/or communications will be provided to the Applicant by the assigned carrier as determined by the assigned carrier, subject to any requirements applicable to the assigned carrier under any applicable laws or regulations. Regardless of the undersigned Applicant's selection under this #3 section to receive electronically transmitted policy notifications and/or communications from the assigned carrier, the assigned carrier must comply with any applicable laws or regulations that require a specific method of delivery for policy notifications, documents, or other information, including without limitation, mailing notices of cancellation and/or nonrenewal of policies by certified mail or certificate of mailing.

APPLICANT'S STATEMENT (continued)

If "Yes" to #3 above, provide the valid email address to which policy notifications and/or communications issued by the assigned carrier should be electronically sent:

The undersigned Applicant understands and agrees that by selecting the 'Yes' option for #1 and/or #3 above, NCCI and the assigned carrier are authorized, but neither NCCI nor the assigned carrier separately is required or obligated, to electronically transmit any notifications and/or communications referenced in #1 and/or #3 above to the designated email address provided by or on behalf of the Applicant in #2 and/or #4 above, as applicable. By consenting and agreeing to receive such electronically transmitted notifications and/or communications from NCCI and/or the assigned carrier, the undersigned Applicant releases, indemnifies, and holds harmless NCCI and the assigned carrier from any and all claims pertaining to electronically transmitted notifications and/or communications utilizing the Applicant's designated email address as provided to NCCI and/or the assigned carrier by or on behalf of the Applicant in #2 and/or #4 above, as applicable, and including, without limitation, any changes and/or updates to the undersigned Applicant's email address.

The undersigned Applicant further understands and agrees that he/she shall notify NCCI and the assigned carrier of any and all changes and/or updates to Applicant's email, mailing, and/or physical addresses, immediately upon making, implementing, or having knowledge of any such changes and/or updates.

NON-COMPLIANCE WITH AGREEMENTS OR CERTIFICATIONS

The undersigned Applicant further understands and agrees that violation of or non-compliance with any of the above agreements or certifications may result in cancellation of a policy of insurance issued under a Workers Compensation Insurance Plan and/or ineligibility for coverage under a Workers Compensation Insurance Plan.

APPLICANT'S NAME (PRINT OR TYPE)

SIGNATURE (MUST BE AN OFFICER, OWNER OR PARTNER)

DATE (MM/DD/YYYY)

REMEMBER: BOTH THE ACORD 130 AND 133 APPLICATIONS MUST BE SIGNED BY THE APPLICANT AND THE DESIGNATED PRODUCER PRODUCER COMMUNICATIONS

1. By selecting the 'Yes' option adjacent to this #1 section, the undersigned Producer consents and agrees to receive electronically transmitted information and/or communications issued by NCCI by means of electronic mail (email) messages that may contain electronic documents, including without limitation, any binder/verification pages issued by NCCI, and any notifications or other communications as determined by NCCI, to the email address provided by the Producer to NCCI.									
2.	If "Yes" to #1 a should be elect		lress to	which the informati	ion, notificatio	ons and/or communications issued	by NCCI		
3.	transmitted poli that may contai nonrenewal not extent that the electronically. It electronically, to determined by regulations. Re notifications an that require a s	cy notifications and/or communic in electronic documents, includin tices, and any other policy notific assigned carrier is able and choo f the assigned carrier is unable o hen hard copy policy notifications the assigned carrier, subject to a gardless of the undersigned Proo d/or communications from the as	cations i g withou ations a oses in i r does r s and/or ny requi ducer's signed icy notif	ssued by the assig at limitation, any po nd/or communication ts discretion to trans of choose to trans communications w irements applicable selection under this carrier, the assigne ications, document	ned carrier b licy documer ons as detern smit such politivill be provide to the assig s #3 section t d carrier mus s, or other in	sents and agrees to receive electro y means of electronic mail (email) hts, cancellations, endorsements, r nined by the assigned carrier, but of licy notifications and/or communicat cy notifications and/or communicat d to the Producer by the assigned ned carrier under any applicable la o receive electronically transmitted at comply with any applicable laws formation, including without limitati- ailing.	messages enewal ar only to the ations ions carrier as ws or policy or regulat	ions	YES NO
4.	If "Yes" to #3 a should be elect		Iress to	which policy notific	ations and/o	communications issued by the as	signed ca	rrier	
but #1 suc and utili incl	neither NCCI no and/or #3 above th electronically I holds harmless zing the Produc uding, without li e undersigned P	or the assigned carrier separately to the designated email address transmitted notifications and/or c NCCI and the assigned carrier i er's designated email address as mitation, any changes and/or upo roducer further understands and	/ is requ provide ommun from any provide dates to agrees	tired or obligated, to be the Producer ications from NCCI y and all claims per d to NCCI and/or t the undersigned P that he/she shall no	o electronica in #2 and/or and/or the a rtaining to ele he assigned roducer's em otify NCCI ar	d the assigned carrier of any and a	communi nting and roducer re and/or co or #4 abov	catio agree eleas ommi e, as s and	ns referenced in eing to receive es, indemnifies, unications applicable, and d/or updates to
			s, imme	diately upon makin	g, implemen	ting, or having knowledge of any su	uch chang	es a	nd/or updates.
THE	T ALL INFORM	LSO CERTIFIES THAT HE/SHE				T THE APPLICATION ON BEHALF URATE TO THE BEST OF HIS/HE			
AGEN	ICY FEIN	AGENCY LICENSE NUMBER				AGENCY PHONE NUMBER (A/C,No, Ext)	AGENCY	FAX N	UMBER (A/C,No)
PROE	DUCER RESIDENT LI	CENSE NUMBER	STATE	EXPIRATION DATE	PRODUCER N	ON-RESIDENT LICENSE NUMBER	s	ATE	EXPIRATION DATE
PROD	UCER NAME (PRIN	F OR TYPE):		1	PRODUCERS	IGNATURE	I		DATE (MM/DD/YYYY)
E-MA			33 A D D			BY THE APPLICANT AND THE I			