



**Western Bowling
Proprietors Insurance**
www.wbpiprogram.com

**Workmen's Compensation
Application**

Entity Name to be Listed as First Named Insured: _____
(The Business's Legally Filed Name)

Is this business an Incorporation, LLC, Partnership, or Individual entity? _____

Owner/Officers/Partner(s) Name(s): _____ Yrs owned: _____

Years of Bowling Management Experience: _____

Address: _____ City: _____ State: _____ Zip: _____

Ph: (____) _____ Fax: (____) _____ Email: _____

Website: _____

Contact Person: _____ Title: _____ Ph: (____) _____

Insured/Applicant Social Security # or Federal EIN #: _____

Current Comp Insurer: _____

Expiration Date: ____/____/____ Annual Premium: \$ _____

All Partner/Co-Owners Names and Interest:

Name	Title	Birthdate	Exclude/Include in Coverage?	Ownership %
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1. _____

2. _____

3. _____

4. _____

Estimated Total Annual Payroll: \$ _____

Payroll for Clerical (Class Code 8810): \$ _____ No. of Clerical Employees: _____

Payroll for Bowling Employees: \$ _____ No. of Bowling Employees: _____

Payroll for any Outside Sales Employees: \$ _____ No. of Outside Sales Employees: _____

"Other Classes" Payroll to be Included: \$ _____ No. of other class code employees: _____

For "Other Classes" listed above, what is the class code used by your current Comp Carrier?

Any Assigned Modification Rate(s)? _____ (experience mod, schedule mod, etc)



Any Significant Losses in Past 4 Years: (Yes) _____ (No) _____

Details Below:

1. _____

Amount Paid: \$ _____ Month/Year _____

2. _____

Amount Paid: \$ _____ Month/Year _____

3. _____

Amount Paid: \$ _____ Month/Year _____

Please Answer the following yes or no questions:

- 1. Does the applicant own, operate, or lease aircraft/watercraft? (Yes) (No)
- 2. Do you have past, present, or discontinued operations involved in storing, treating, discharging, applying, disposing, or transporting hazardous materials? (Yes) (No)
- 3. Any work performed underground or above 15ft? (Yes) (No)
- 4. Any work performed on barges, vessels, docks, or bridges over water? (Yes) (No)
- 5. Is applicant engaged in any other type of business? (Yes) (No)
- 6. Are subcontractors used? If Yes, give % of work subcontracted: _____ (Yes) (No)
- 7. Any work sublet without certificates of insurance? (Yes) (No)
- 8. Is a written safety program in operation? (Yes) (No)
- 9. Any group transportation provided? (Yes) (No)
- 10. Any employees under 16 or over 60 years of age (excluding owners)? (Yes) (No)
- 11. Any seasonal employees? (Yes) (No)
- 12. Is there any volunteer or donated labor? If Yes, specify in remarks. (Yes) (No)



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|--|-------|------|
| 13. Any employees with physical/mental handicaps? | (Yes) | (No) |
| 14. Do employees travel out of state? If yes, specify in remarks. | (Yes) | (No) |
| 15. Are athletic teams sponsored? | (Yes) | (No) |
| 16. Are physicals required after offers of employment are made? | (Yes) | (No) |
| 17. Any prior coverage declined/cancelled/non-renewed in the last 3 years? | (Yes) | (No) |
| 18. Are employee health plans provided? If Yes, specify in remarks. | (Yes) | (No) |
| 19. Do employees perform work for other businesses or subsidiaries? | (Yes) | (No) |
| 20. Do you lease employees to or from other employers? | (Yes) | (No) |
| 21. Do any employees predominantly work at home? If Yes, Number: _____ | (Yes) | (No) |
| 22. Any tax liens or bankruptcy within the last 5 years? | (Yes) | (No) |
| 23. Any disputed or unpaid workers compensation premium due from you or any commonly managed or owned enterprises? | (Yes) | (No) |

Remarks:

You will need to order your 5 year loss runs from you current carrier immediately.