



Take the Right Path. Join Atlas.



WORKERS' COMPENSATION

The Atlas Mission - Customers Come First

Atlas General Insurance Services combines proven expertise, superior personal service and a relationship-based approach to provide clients with a trusted insurance partner committed to delivering maximum value.

Our SUCCESS depends upon:

- Relationships built on trust
• Products that win
• Responsive employees that strive to make the most out of every opportunity

ADDRESS

4365 Executive Dr., Ste. 400
San Diego, CA 92121

TOLL FREE

(877) 66-ATLAS (28527)

MARKETING HOTLINE

(855) 309-3310

E-MAIL:

marketing@atlas.us.com

WEB

atlas.us.com

This document provides an overview of coverages and services. Coverages may differ in availability by state. All coverages are individually underwritten. For a complete description of all coverages, terms and conditions, refer to the insurance policy. In the event of a conflict, the terms, conditions and exclusions of the policy prevail. All information and representations herein are as of 2016. CA License #OG61094 1.4.16

ABOUT ATLAS

Atlas General Insurance Services is a full service program administrator that offers a wide range of insurance solutions. Atlas has expertise in developing and underwriting specialty programs with a variety of insurance carrier partners. Our knowledgeable staff is committed to providing exceptional service and unique options for our clients.

Atlas General Insurance Services offers products in the following divisions:

- Workers' Compensation
• General Commercial Lines
• Specialty Property

TARGET RISKS - WORKERS' COMPENSATION

- Agriculture
• Building/Apartment Management/Maintenance
• Contractors
• Automotive Service and Repair
• Garbage/Refuse
• Healthcare & Elderly Care
• Hotels
• Landscapers
• Machine Shops
• Manufacturing
• Non-Profits
• Nurseries
• Office
• Packing Houses
• Printing
• Professional Services
• Residential/Commercial Cleaning Service
• Restaurants
• Retail & All Stores
• Schools
• Short Haul Trucking
• Technology
• Transportation
• Warehousing
• Wholesale

Be sure to include:

- ▶ ACORD 130
▶ Loss Runs
▶ Supplemental Application (CA Only)

FOR INFO PLEASE CALL OUR MARKETING HOTLINE:

(855) 309-3310



PLEASE SEND SUBMISSIONS TO:
submissions@atlas.us.com



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

AGENCY		COMPANY			UNDERWRITER		
PHONE (A/C, No, Ext):		APPLICANT NAME					
FAX (A/C, No):		MAILING ADDRESS (including ZIP + 4)			E-MAIL ADDRESS		
E-MAIL ADDRESS:		YRS IN BUS	SIC	NAICS	INDIVIDUAL	CORPORATION	LLC
CODE:		SUB CODE:		PARTNERSHIP		SUBCHAPTER "S" CORP	
AGENCY CUSTOMER ID		CREDIT BUREAU NAME:			ID NUMBER:		
		FEDERAL EMPLOYER ID NUMBER		NCCI ID NUMBER		OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER	

STATUS OF SUBMISSION**BILLING/AUDIT INFORMATION**

<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	BILLING PLAN	PAYMENT PLAN	AUDIT
<input type="checkbox"/> BOUND (Give date and/or attach copy)		<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL <input type="checkbox"/>	<input 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"/> SEMI-ANNUAL <input type="checkbox"/>
			<input type="checkbox"/> QUARTERLY % DOWN:	<input type="checkbox"/> QUARTERLY

LOCATIONS

LOC #	STREET, CITY, COUNTY, STATE, ZIP CODE

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	NORMAL ANNIVERSARY RATING DATE	PARTICIPATING	RETRO PLAN
			NON-PARTICIPATING	
PART 1 - WORKERS COMPENSATION (States)	PART 2 - EMPLOYER'S LIABILITY	PART 3 - OTHER STATES INS	DEDUCTIBLES	AMOUNT/%
	\$ EACH ACCIDENT		<input type="checkbox"/> MEDICAL	<input type="checkbox"/> U.S.L. & H.
	\$ DISEASE-POLICY LIMIT		<input type="checkbox"/> INDEMNITY	<input type="checkbox"/> VOLUNTARY COMP
	\$ DISEASE-EACH EMPLOYEE			<input type="checkbox"/> FOREIGN COV
<input type="checkbox"/> MANAGED CARE OPTION				
DIVIDEND PLAN/SAFETY GROUP	ADDITIONAL COMPANY INFORMATION			

RATING INFORMATION

STATE	LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES		ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM
					FULL TIME	PART TIME			

STATE:	FACTOR	FACTORED PREMIUM	FACTOR	FACTORED PREMIUM	SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS	
TOTAL		\$	EXPENSE CONSTANT	N/A		\$
INCREASED LIMITS		\$	TAXES / ASSESSMENTS	N/A		\$
DEDUCTIBLE		\$				\$
		\$	ESTIMATED ANNUAL PREMIUM	N/A		\$
EXPERIENCE OR MERIT MODIFICATION		\$				
LOSS CONSTANT	N/A	\$				
ASSIGNED RISK SURCHARGE		\$				
ARAP		\$				
SCHEDULE RATING		\$				
CCPAP		\$	TOTAL EST ANNUAL PREMIUM	N/A	\$	
STANDARD PREMIUM		\$	MINIMUM PREMIUM	\$		
PREMIUM DISCOUNT		\$	DEPOSIT PREMIUM	\$		

INDIVIDUALS INCLUDED/EXCLUDED

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration to be included must be part of rating information section.)									
STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER- SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION

PRIOR CARRIER INFORMATION/LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS						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	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?			18. ANY PRIOR COVERAGE DECLINED/ CANCELLED/NON-RENEWED (Last 3 years)?		
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)			19. ARE EMPLOYEE HEALTH PLANS PROVIDED?		
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?			20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?		
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?			21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?			22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?		
6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED)			23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS?		
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?			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 NUMBERS(S).		
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?			CONTACT INFORMATION		
9. ANY GROUP TRANSPORTATION PROVIDED?			IN- SPECTION	PHONE:	
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?				NAME:	
11. ANY SEASONAL EMPLOYEES?			ACCTNG RECORD	E-MAIL:	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?				PHONE:	
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?				NAME:	
14. DO EMPLOYEES TRAVEL OUT OF STATE?			CLAIMS INFO	E-MAIL:	
15. ARE ATHLETIC TEAMS SPONSORED?				PHONE:	
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?				NAME:	
17. ANY OTHER INSURANCE WITH THIS INSURER?			E-MAIL:		

APPLICABLE IN TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, TN or VT; in DC, LA, ME and VA, insurance benefits may also be denied)

REMARKS (Attach additional sheets if more space is required)

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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