



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

AGENCY
MDA Insurance
 3657 Okemos Road
 Suite 100
 Okemos MI 48864-3927

COMPANY
Frankenmuth Insurance Company UNDERWRITER

PHONE
 (A/C, No, Ext): **(517) 484-6765**

FAX
 (A/C, No): **(517) 484-5460**

E-MAIL
 ADDRESS:

CODE: **0210774**

SUB CODE:

AGENCY CUSTOMER ID

0000070

STATUS OF SUBMISSION

QUOTE ISSUE POLICY
 BOUND (Give date and/or attach copy)
 ASSIGNED RISK (Attach ACORD 133)

BILLING/AUDIT INFORMATION

BILLING PLAN
 AGENCY BILL
 DIRECT BILL

PAYMENT PLAN
 ANNUAL
 SEMI-ANNUAL
 QUARTERLY % DOWN

AUDIT
 AT EXPIRATION
 SEMI-ANNUAL
 QUARTERLY

MONTHLY

LOCATIONS

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

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	NORMAL ANNIVERSARY RATING DATE	<input type="checkbox"/> PARTICIPATING <input checked="" type="checkbox"/> NON-PARTICIPATING	RETRO PLAN
MI				

PART 1 - WORKERS COMPENSATION (States)	PART 2 - EMPLOYER'S LIABILITY	PART 3 - OTHER STATES INS	DEDUCTIBLES	AMOUNT%	OTHER COVERAGES
MI	\$ EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE		<input type="checkbox"/> MEDICAL <input type="checkbox"/> INDEMNITY		<input type="checkbox"/> U.S.L. & H VOLUNTARY COMP <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 FULL TIME PART TIME	ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM
MI	1	8811		Dental - Clerical				
MI	1	8836		Dentist				

STATE:	FACTOR	FACTORED PREMIUM	FACTOR	FACTORED PREMIUM	SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS
TOTAL		\$ EXPENSE CONSTANT		\$	
INCREASED LIMITS		\$ TAXES / ASSESSMENTS		\$	
DEDUCTIBLE		\$		\$	
		\$ ESTIMATED ANNUAL PREMIUM		\$	
EXPERIENCE OR MERIT MODIFICATION		\$			
LOSS CONSTANT		\$			
ASSIGNED RISK SURCHARGE		\$			
ARAP		\$			
		\$			
SCHEDULE RATING		\$			
CCPAP		\$ TOTAL EST ANNUAL PREMIUM		\$	
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)? NOT APPLICABLE IN MO		
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 NUMBER(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?				E-MAIL:	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?			ACCTNG RECORD	PHONE:	
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?				NAME:	
14. DO EMPLOYEES TRAVEL OUT OF STATE?				E-MAIL:	
15. ARE ATHLETIC TEAMS SPONSORED?			CLAIMS INFO	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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