Laundry Owners Mutual
701 Rodi Rd - Suite 100
Pittsburgh, PA 15235
(412) 825-5415
1(800) 590-4404
(412) 825-5425 (fax)
www.lom1915.com

APPLICATION FOR WORKERS' COMPENSATION INSURANCE

#1 -- APPLICANT INFORMATION

Company Name:			Date:
DBA:			☐ Individual ☐ Partnership - (LP, GP)
Street Address:	Suite Number:		☐ Limited Liability Corporation - (LLC)
City:	State:	Zip:	☐ Corporation - C ☐ Corporation - S
County:			☐ Non-Profit
Phone Number:	Fax Number:		☐ Other (Explain):
Email:			State Bureau File Number:
			Number of Years in Business:

#2 -- ADDITIONAL LOCATIONS [If more than 3 additional locations please list on a separate sheet of paper]

Loc	*Name of Facility, Street, City, State, Zip, County*			Phone Number	FEIN #
1 (Primary)	Name:	Street:			
	City:	State:	Zip Code:		
2	Name:	Street:			
	City:	State:	Zip Code:		
3	Name:	Street:			
	City:	State:	Zip Code:		

#3 -- CORPORATE OFFICER / PARTNER INFORMATION

[Only Officers of a C-Corp (5% or >) or S-Corp (1% or >) can elect to be excluded from coverage]

Name:	Title:	Name:	Title:
Ownership % :	Included/Excluded:	Ownership % :	Included/Excluded:
Duties:		Duties:	
Annual Salary:		Annual Salary:	
Name:	Title:	Name:	Title:
Ownership % :	Included/Excluded:	Ownership % :	Included/Excluded:
Duties:		Duties:	
Annual Salary:		Annual Salary:	

#4 -- INSURANCE DETAILS [Please provide a Loss History (Loss Runs) for any carrier during the past 4 years. This information can be obtained by contacting your insurance carrier for those respective years]

Policy Effective Date *(mm-dd-yyyy)*: From: _____ To: _____

	Current Workers' Compensation Carrier	Policy Number	Number of Claims
1			
#	Prior Workers' Compensation Carriers	Policy Number	Number of Claims
1			
2			
3			

Any prior Workers' Compensation coverage cancelled or non-renewed within the past 3 years?

Yes ☐ No ☐ Please Explain:

#5 -- DESCRIPTION OF OPERATIONS [Describe your Business Operations. Include materials & machinery, products or services sold]

#6 -- CLASSIFICATION OF OPERATIONS [Refer to the policy information/declarations page from your current policy for Classifications]

Name of Classification	Class Code	Estimated Annual Payroll	# of Employees Full Time	Part Time

#7 -- EMPLOYEE INFORMATION

Employee Concentration -- What is the Maximum Number of Employees at each location at any given time?

Location #1 _____ Location #2 _____ Location #3 _____ Location #4 _____

1. Any employees under the age of 16?	Yes ☐	No ☐	5. Any employees work from their home?	Yes ☐	No ☐
2. Any employees over the age of 60?	Yes ☐	No ☐	6. Do you lease FROM or TO any employers?	Yes ☐	No ☐
3. Any seasonal employees?	Yes ☐	No ☐	7. Is there any volunteer or donated labor?	Yes ☐	No ☐
4. Any employees travel out-of-state?	Yes ☐	No ☐	8. Does any employees' job description include driving?	Yes ☐	No ☐

#8 -- CLAIMS REPORTING/ ADMINISTRATION INFORMATION

1. Contact in regard to inspections?	Phone #:
2. Contact in regard to accounting records?	Phone #:
3. Who is responsible for submitting Workers' Compensation claims to carrier?	Phone #:

4. Do supervisors use an internal investigation/accident report prior to reporting final report to insurance carrier? Yes ☐ No ☐

5. Is a Panel Physician Program in place? Yes ☐ No ☐	6. Are employee health plans offered? Yes ☐ No ☐

7. Is a formalized return to work program in place? (Explain)

#9 -- GENERAL INFORMATION

1. Are you engaged in any other type of business?	Yes ☐	No ☐	9. Any handling of natural or artificial fuels?	Yes ☐	No ☐
2. Any tax liens or bankruptcy within the last 5 years?	Yes ☐	No ☐	10. Any work with explosives?	Yes ☐	No ☐
3. Any work performed in, on or above water?	Yes ☐	No ☐	11. Any handling of materials or items classified as hazardous?	Yes ☐	No ☐
4. Do you own, operate or lease aircraft or watercraft?	Yes ☐	No ☐	12. Are Certificates of Insurance required from each sub-contractor?	Yes ☐	No ☐
5. Any work performed underground or above 15 feet?	Yes ☐	No ☐	13. (a) Are sub-contractors used?	Yes ☐	No ☐
6. Any mining, tunneling or quarrying performed?	Yes ☐	No ☐	(b) What % of work is sub-contracted?		
7. Any wrecking or demolition work performed?	Yes ☐	No ☐	14. Any drilling performed?	Yes ☐	No ☐
8. How many vehicles does the company own? _____					

Explanation to any "Yes" answers above:

IMPORTANT NOTE:
Submission of an Application DOES NOT guarantee that a quotation will be generated. Depending on how questions are answered, we may need additional information before providing a quotation. In no way does submission of this Application obligate or bind any party to writing a Workers' Compensation policy. ☐ I have read and agree

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 FRADULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. ☐ I have read and agree

This employer verifies that the above information is true and accurate, and is conducting no other business at this or any other location not herein disclosed. ☐ I have read and agree

Applicant's Name: _____

Submit by Email | Print Form