ACORD™ WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY): 01/25/2018

AGENCY	PHONE (A/C, No, Ext): 619-423-7172	COMPANY	UNDERWRITER
	FAX (A/C, No): 619-374-2319		
Ideal Choice Insurance Agency, Inc. 1237 Palm Avenue Imperial Beach, CA 91932 imperialbeachins@yahoo.com		APPLICANT NAME: APE Construction	INTERNET ADDRESS: apeconstruction@yahoo.com
		MAILING ADDRESS (including ZIP code): SAME	
		YRS IN BUS: 17 / SIC:	✔ INDIVIDUAL / PARTNERSHIP / CORPORATION / SUBCHAPTER "S" CORP / LLC / OTHER:
CODE: / SUB CODE:		CREDIT BUREAU NAME:	ID NUMBER:
AGENCY CUSTOMER ID		FEDERAL EMPLOYER ID NUMBER: 549-45-7207 / NCCI ID NUMBER	OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER

STATUS OF SUBMISSION

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

BILLING/AUDIT INFORMATION

BILLING PLAN	PAYMENT PLAN		AUDIT	
☐ AGENCY BILL	☐ ANNUAL	☐ OTHER:	✔ AT EXPIRATION	☐ MONTHLY
✔ DIRECT BILL	☐ SEMI-ANNUAL		☐ SEMI-ANNUAL	☐ OTHER:
	☐ QUARTERLY	% DOWN:	☐ QUARTERLY	

LOCATIONS

#	STREET, CITY, COUNTY, STATE, ZIP CODE
	1948 Cantamar Rd San Diego CA 92154

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	NORMAL ANNIVERSARY RATING DATE	☐ PARTICIPATING / ☐ NON-PARTICIPATING	RETRO PLAN

PART 1 - WORKERS COMPENSATION (States)	PART 2 - EMPLOYER'S LIABILITY	PART 3 - OTHER STATES INS	DEDUCTIBLES	AMOUNT/%	OTHER COVERAGES
	$ EACH ACCIDENT		☐ MEDICAL		☐ U.S.L. & H. / ☐ MANAGED CARE OPTION
	$ DISEASE-POLICY LIMIT		☐ INDEMNITY		☐ VOLUNTARY COMP
	$ DISEASE-EACH EMPLOYEE				☐ FOREIGN COV

DIVIDEND PLAN/SAFETY GROUP	ADDITIONAL COMPANY INFORMATION

RATING INFORMATION

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

SPECIFY ADDITIONAL COVERAGES/ENDORSEMENTS

	FACTOR	FACTORED PREMIUM
TOTAL		$
INCREASED LIMITS		$
DEDUCTIBLE		$
		$
EXPERIENCE MODIFICATION		
LOSS CONSTANT	N/A	$
ASSIGNED RISK SURCHARGE		$
ARAP		$
CONSENT TO RATE		$
PREMIUM DISCOUNT		$
EXPENSE CONSTANT	N/A	$
		$
TOTAL EST ANNUAL PREMIUM	N/A	$

MINIMUM PREMIUM $ DEPOSIT PREMIUM $

INDIVIDUALS INCLUDED/EXCLUDED

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration to be included must be part of rating information section.)

#	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 Contractor

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO
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 INS.?		✔
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?		✔
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?		✔
14. DO EMPLOYEES TRAVEL OUT OF STATE?		✔
15. ARE ATHLETIC TEAMS SPONSORED?		✔

EXPLAIN ALL "YES" RESPONSES	YES	NO
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?		✔
17. ANY OTHER INSURANCE WITH THIS INSURER?		✔
18. ANY PRIOR COVERAGE DECLINED/ CANCELLED/NON-RENEWED (Last 3 years)? NOT APPLICABLE IN MO		✔
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?		✔
20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?		✔
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		✔
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?		✔
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS?		✔
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITIY NAME(S) AND POLICY NUMBERS(S).		✔

CONTACT INFORMATION

IN-SPECTION	PHONE:	(619) 726-8800
	NAME:	
ACCTNG RECORD	PHONE:	
	NAME:	
CLAIMS INFO	PHONE:	
	NAME:	

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

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

ADDITIONAL LOCATION/ RATING INFORMATION

LOCATIONS

#	STREET, CITY, COUNTY, STATE, ZIP

RATING INFORMATION

					# EMPLOYEES		ESTIMATED ANNUAL		ESTIMATED ANNUAL
STATE	LOC	CLASS CODE	COMPANY USE	CATEGORIES/DUTIES/CLASSIFICATIONS	FULL TIME	PART TIME	REMUNERATION	RATE	PREMIUM