



HARBORGUARD WORKERS COMPENSATION SUPPLEMENTAL

Name of Applicant: _____

Federal Employers ID Number: _____ NCCI Risk ID Number: _____

Effective Date: _____ Expiration Date: _____

Workers Compensation Limits: _____ Each Accident

_____ Disease-Policy Limit

_____ Disease-Each Employee

Additional Coverages: _____

PAYROLL INFORMATION

Separate payroll by State and Class	State		
	_____	_____	_____
Marina Operations (6836) Applies to Marina, Fuel Dock, Cleaning, Waxing and Polishing of boats for customers, moving boats around the yard using forklifts and store.			
Marina and Drivers (6826F) Applies to operations including the construction, replacement or expansion of their own marina.			
Campground / RV Park (9015) Applies to Campground, RV Park			
Hotel / Condominium (9052) Applies to Salespersons and drivers of the hotel / condominium			
Restaurant (9082) Full Service Restaurant			
Restaurant (9083) Fast Food Restaurant			
Boat Salespersons (8748) Applies to Boat Dealership			
Boatbuilding (6834) Applies to Boatbuilding or Repair and Drivers			
Clerical (8810) Applies to clerical and office employees			

Instructions to fill this pdf:

1. **Adobe Reader:** Open this PDF in Adobe Reader > fill this form > press submit. <https://get.adobe.com/reader/>
2. **Chrome:** Fill the form, press ctrl+p > print > save as on desktop > email to Maggie@stuckey.com
3. **Online:** You can use this service alternatively <https://www.sejda.com/sign-pdf>



HARBORGUARD WORKERS COMPENSATION SUPPLEMENTAL

INDIVIDUALS INCLUDED / EXCLUDED

Name	DOB	Title/Relationship	Ownership	INC/EXC	Class Code	Payroll

GENERAL INFORMATION

DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted) _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet)	<input type="checkbox"/> Yes <input type="checkbox"/> No
IS A WRITTEN SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ANY GROUP TRANSPORTATION PROVIDED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ANY SEASONAL EMPLOYEES?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
ARE ATHLETIC TEAMS SPONSORED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ANY OTHER INSURANCE WITH THIS INSURER?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE EMPLOYEE HEALTH PLANS PROVIDED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	<input type="checkbox"/> Yes <input type="checkbox"/> No



HARBORGUARD WORKERS COMPENSATION SUPPLEMENTAL

GENERAL INFORMATION

DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? ☐ Yes ☐ No

DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? (If "YES", # of Employees: _____) ☐ Yes ☐ No

ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify) ☐ Yes ☐ No

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).) ☐ Yes ☐ No

PRIOR WORKERS COMPENSATION

Year	Workers Compensation Carrier	Limit	Premium

In the last 5 years, has your insurance been cancelled? ☐ Yes ☐ No

Applicant and Producer Signatures

APPLICABLE IN TENNESSEE AND VERMONT: 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, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

Applicant's Signature: _____
(Must be Officer, Owner or Partner)

Date: _____

Producer's Signature: _____

National Producer No.: _____