CRES℠
A Gallagher Company

# Workers' Compensation Application (Non-CA)

This application must be completed by the Licensed Broker or designee on behalf of the firm and signed by an owner, officer or principal of the firm.

P.O. Box 4142 | Clinton, IA 52733 | P: 858.618.1648 | F: 858.618.1655 | **cresinsurance.com**

**Please note:** If you have specific requirements for a General Liability policy, please include them with your application. A quotation cannot be provided unless all questions are completed.

## General Information

Named Insured: _____

DBA: _____

Physical Address: _____

Mailing Address (*if different*): _____

Primary Contact: _____ Email: _____

Entity Type: ☐ Sole Proprietor/Individual ☐ Corporation ☐ LLC ☐ Partnership

Effective Date: _____ FEIN: _____ Years in Business: _____

*For any additional locations, please provide a separate and complete questionnaire (pages two and three).*

## Underwriting Questions

☐ Yes ☐ No Do you offer a health plan for your employees/independent contractors?

☐ Yes ☐ No Are you a member of the National Federation of Independent Businesses (NFIB)?

If yes, please provide your membership number: _____

☐ Yes ☐ No Do you have more than 50% ownership in any other business?

If yes, please describe: _____

☐ Yes ☐ No Do any employees/independent contractors work from home?

☐ Yes ☐ No Have you experienced any tax liens or bankruptcy in the last five (5) years?

☐ Yes ☐ No Do you have active or current workers' compensation insurance?

☐ Yes ☐ No Have any workers' compensation claims been filed in the last five (5) years?

Please provide the current provider: _____

## Owners, Officers and Partners

*Workers' compensation laws regarding owners, officers and partners vary by state.*

- ***Corporate officers** are typically included in coverage but may elect to be excluded where permitted by state law.*
- ***Sole proprietors and partners** are typically excluded but may elect to be included by endorsement where allowed.*
- *Some states **require minimum and/or maximum payroll amounts** for included owners or officers.*

*All elections to include or exclude are **subject to state-specific rules** and may require a signed form or endorsement.*

Name: _____ Title: _____

Ownership Percentage: _____

Estimated Annual Compensation (including commissions for independent contractors and agents, as required by law):

_____

Include/Exclude: _____

Name: _____ Title: _____

Ownership Percentage: _____

Estimated Annual Compensation (including commissions for independent contractors and agents, as required by law):

_____

Include/Exclude: _____

Name: _____ Title: _____

Ownership Percentage: _____

Estimated Annual Compensation (including commissions for independent contractors and agents, as required by law):

_____

Include/Exclude: _____

Name: _____ Title: _____

Ownership Percentage: _____

Estimated Annual Compensation (including commissions for independent contractors and agents, as required by law):

_____

Include/Exclude: _____

## 8741 — Real Estate Sales Only

*Use this for employees or independent contractors engaged in real estate sales activities. Examples: Real estate agents and brokers selling or leasing properties.*

Full-Time Employees and Agents: _____ Part-Time Employees and Agents: _____

Estimated Annual Compensation (including commissions for independent contractors and agents, as required by law)**:**

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## 8740 — Real Estate Agencies (Offsite Property Management)

*Use this for employees performing offsite management of **residential or non-residential properties**. Examples: Administrative tasks, such as leasing, tenant relations, accounting and financial management performed **at an office location**. Notes: Includes both residential and commercial property management when work is performed **offsite**. Does **not** include onsite property operations or maintenance.*

Full-Time Employees and Agents: _____ Part-Time Employees and Agents: _____

Estimated Annual Compensation (including commissions for independent contractors and agents, as required by law)**:**

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## 9011 — Residential Apartment or Condominium Complex Operation (Onsite Residential Property Operations)

*Use this for employees performing **onsite management** and operations of **residential properties**, like apartments or condominiums. Examples: Maintenance, janitorial services, landscaping and tenant-focused operations performed at the property.*

Full-Time Employees and Agents: _____ Part-Time Employees and Agents: _____

Estimated Annual Compensation (including commissions for independent contractors and agents, as required by law)**:**

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## 9012 — Building Operation — Commercial Properties (Onsite Management and Operation of Commercial Properties)

*Use this for employees involved in **onsite management** and operations of **non-residential properties**, such as office buildings, retail spaces or warehouses. Examples: Maintenance, janitorial services, landscaping and general building operations performed onsite.*

Full-Time Employees and Agents: _____ Part-Time Employees and Agents: _____

Estimated Annual Compensation (including commissions for independent contractors and agents, as required by law)**:**

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## 8743 — Mortgage Brokering and Escrow Activities Only

*Use this for employees involved in mortgage brokering or escrow activities. Examples: Loan officers, escrow agents or employees handling mortgage-related transactions.*

Full-Time Employees and Agents: _____ Part-Time Employees and Agents: _____

Estimated Annual Compensation (including commissions for independent contractors and agents, as required by law)**:**

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## 8810 — Clerical Only

*Use this for employees performing strict clerical or administrative tasks in an office setting with no exposure to property operations. Examples: Office staff handling paperwork, accounting, data entry or administrative support. Notes: Employees must not visit properties, show units or perform any fieldwork.*

Full-Time Employees and Agents: _____ Part-Time Employees and Agents: _____

Estimated Annual Compensation (including commissions for independent contractors and agents, as required by law)**:**

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Signature: _____ Title: _____ Date: _____