

I hereby certify that:

A. Coverage is to be placed per the Workers Comp. Proposal/Application and Policy Terms effective _____

B. Legal Entity: Please provide information below:
(i.e. Sole Proprietor, Corporation, LLC, Partnership):

Officer Name	Include or Exclude from Coverage?	Title	Ownership %	State	Last 4 SSN	Included Officer Class Code

C. Loss History (Please choose an option below)

D. Insureds Statement

- 1 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)
- 2 Any work performed underground or above 15 feet?
- 3 Is applicant engaged in any other type of business?
- 4 Are subcontractors used or any workers paid by 1099? **If yes, give % of work subcontracted and details below.**
- 5 Any work sublet without certificates of insurance?
- 6 Is a written safety program in operation? [or Create a written safety plan here](#)
- 7 Any group transportation (more than 4 employees) provided?
- 8 Any employees under 16 or over 65 years of age?
- 9 Is there any volunteer or donated labor? **If yes provide number of individuals and details below.**
- 10 Do employees travel out of state?
- 11 Is your business seasonal? **If yes, what months of the year are you typically closed for business? Provide details below.**
- 12 Any other insurance with this insurer?
- 13 Any prior coverage declined/cancelled/non-renewed in last 3 years? (n/a in MO)
- 14 Are employee health plans provided? Who is the Insurance Carrier? _____
- 15 Is there a labor interchange with any other business/subsidiary?
- 16 Do any employees predominantly work at home?
- 17 Does applicant own, operate, or lease aircraft/watercraft?
- 18 Any work performed on barges, vessels, docks, bridge over water?
- 19 Any employees with physical handicaps?
- 20 Are athletic teams sponsored?
- 21 Are physicals required after offers of employment are made?
- 22 Any current or anticipated unpaid premiums owed to any previous Workers' Comp. provider?

If yes to any of the questions above, please provide details below.

E. I hereby authorize E-COMP to obtain payroll data from payroll company and policy and audit information from insurance carrier.

Applicant's signature: _____ Date: _____/_____/_____
 Name/Title: _____ Phone: _____
 Accounting/Billing Contact Name: _____ Phone: _____
 Email Address for Premium Debit Notifications: _____ Next Check Date (after effective date): _____
 Secondary Email: (if applicable) _____
 Payroll Frequency: _____

*****Application must be fully completed in order to bind coverage*****

Authorization for Debit and Credit - Electronic Funds Transfers

I hereby authorize on this day of , Granite Insurance Brokers DBA E-COMP, and their agents to initiate electronic withdrawals and/or deposits to the bank account shown below for the purpose of making payments on my behalf including payments of premiums, fees, audit amounts, taxes and miscellaneous costs and charges. I understand that adjustment and/or reversing entries may be made to this account to insure an accurate and balanced accounting of all transactions. This authorization will remain in effect until: (a) I notify my Bank and E-COMP in writing to terminate this agreement and give the Bank and E-COMP reasonable time to terminate this agreement, (b) the Bank, third party/employer, and/or E-COMP have sent me five (5) business days advance written notice of the Bank's and/or E-COMP's termination of this Agreement.

I understand that any cancellation in writing will become effective no earlier than five (5) business days after the day the last transaction has cleared and there are no outstanding balances to the account.

IN THE EVENT THE FUNDING FOR A TRANSFER IS RETURNED FOR ANY REASON OR E-COMP HAS BEEN PROVIDED INCORRECT INFORMATION AND/OR HAS ERRONEOUSLY TRANSFERRED FUNDS TO MY ACCOUNT, I AUTHORIZE E-COMP TO WITHDRAW/REVERSE FROM MY ACCOUNT THE AMOUNT OF FUNDS TRANSFERRED IN ERROR. REMEDY FOR ANY ERRONEOUS TRANSFERS IS SOLELY AGAINST THE PROCESSOR AND/OR MY EMPLOYER AND THAT I WILL HOLD HARMLESS E-COMP FROM ANY LIABILITY AND DAMAGES RESULTING THEREFROM.

Electronic Funds Transfer (15 U.S.C. § 1693): I hereby acknowledge receipt of notice by the financial institution described herein of the undersigned's liability for any unauthorized electronic fund transfers, duty to promptly report such unauthorized transfers or any disputes by contacting customer service at (888) 493-2667, 6600 Koll Center Pkwy, Suite 100, Pleasanton, CA 94566, charges for electronic fund transfers, the right to stop payment of pre-authorized electronic fund transfers, procedure to initiate such stop payment orders, the right to receive documentation of electronic fund transfers, and the Bank's liability pursuant to the Electronic Funds Transfer Act found at 15 U.S.C. § 1693h,

Electronic Collection of Insufficient Funds Fees: If your payment is returned due to insufficient funds in your account you authorize us to make a one-time electronic fund transfer from your account to collect a fee. The fee will not exceed the maximum amount permitted by applicable law. Fees are as follows: First Time NSF Fee \$45.00, Second Time NSF Fee \$100.00. After Second NSF fee your policy will be transferred to direct bill.

Procedure for Notification and Limitation of Action: The undersigned acknowledges that it has 60 days from the date of a withdrawal or deposit to the undersigned's account to dispute the withdrawal or deposit by the undersigned contacting my employer and E-COMP by telephone and later supplemented in writing, or in writing of any discrepancies, errors or disputes concerning any transfer of funds to or from any account processed. This will include but not limited to, errors in amounts, erroneous transactions, or other transactions processed. All written notices must include the following information:

- a) The name of the company with whom the undersigned authorized the transaction, i.e., employer and/or third party;
- b) Federal Taxpayer ID number of the company authorized to make the transaction;
- c) Federal Taxpayer ID number of the undersigned;
- d) The name of the undersigned;
- e) The name, account number and ABA number on the transaction in question
- f) The dollar amount of the transaction in question; and
- g) Description of the error and explanation of the error.

E-COMP will investigate and respond to any dispute within 10 business days and correct any error within 1 business day or at its election, provisionally refund the disputed amount within 10 business days, and investigate the matter and report its findings at the end of 45 days.

Please note that you will be receiving an email from E-COMP within the next 7 days asking you to complete your banking information through our secure portal. Please complete this step as soon as possible to avoid any delay or cancellation of your policy.

Company Name	
Authorized Name	
EFT/Policy Registration Contact Name	
EFT/Policy Registration Contact Email	
Authorized Signature	