



Midwest Employers Casualty Company
 14755 North Outer Forty Drive, Suite 300
 Chesterfield, Missouri 63017
 (636) 449-7000 FAX: (636) 449-7199

RENEWAL
 APPLICATION

Policy No.: _____ Effective Date: _____ To Be Quoted By: _____

1. Name of Applicant: _____
2. Address: _____

3. CFO: _____ Phone: _____
 E-Mail: _____
 Main Contact: _____ Phone: _____
 E-Mail: _____
4. Federal Employers Identification Number: _____
5. Description of operations: _____

6. Describe any changes in the insured's operations or exposures that have occurred or that are planned:

7. Total number of employees for self insured states: _____
8. Give the following information regarding each location. Self Insured States only.
 (If more space is needed, use a separate page.)

IDENTIFICATION	INSURED ADDRESS			NUMBER OF EMPLOYEES		OTHER	
	LOCATION NAME	LOCATION/COMPLETE STREET ADDRESS	STATE	ZIP CODE	EMPLOYEES IN ALL SHIFTS	IN MAX SHIFT	TOTAL PAYROLL

9. Does applicant own, lease, or charter aircraft? *(If yes, Aircraft Questionnaire must be completed.)* Yes No
 10. Complete the following information on owned or leased vehicles:
 - a. Number of: passenger cars _____ trucks _____ tractors _____
 - b. States in which vehicles operate: _____
 11. Does the applicant use any nanotechnology in their operations or research? Yes No
 If so, please explain: _____
 12. Does the applicant outsource or utilize contract staffing for any job function(s)? Yes No
 If yes, describe both the functions performed and total number of individuals involved: _____

- Does the staffing company provide workers' compensation coverage? Yes No
- What measures are taken to confirm that the staffing company is providing workers' compensation coverage? _____

13 WC Claims Handling.

Name of service company: _____

Address of service company: _____

Contact name for this account: _____

14 Give the following information regarding each state or jurisdiction:

(If more space is needed, use a separate page.)

Please Note: Prospective and historical payrolls and worker hours are required for the state of Washington.
Both capped and uncapped payrolls are required for the state of Nevada.

STATE	W.C. Code	CLASSIFICATION	NO. OF EMPLOYEES	GROSS PAYROLL	MANUAL RATE	MANUAL PREMIUM

15 Historical Summary (attach loss runs or complete section):

STATE	POLICY PERIOD	GROSS PAYROLL	LOSSES			CLAIM COUNTS				VALUATION DATE
			PAID	RESERVED	TOTAL INCURRED	OPEN	CLOSED	CLOSED NO-PAY	TOTAL	

16 Individual claims in excess of \$50,000 (past 5 years):

STATE	DATE OF LOSS	DESCRIPTION OF ACCIDENT	TOTAL PAID	TOTAL RESERVE	TOTAL INCURRED	VALUATION DATE

Florida Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New Jersey Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Louisiana Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Other States Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

Date

Applicant's Signature

Title

Print Applicant's Name

Print Applicant's Title