

Please return completed application to: wcsubmissions@glatfelterpublicpractice.com

WATER/WATER RELATED DISTRICTS & MISCELLANEOUS PUBLIC ENTITIES

Workers' Compensation Supplemental Application

I. APPLICANT INFORMATION

Applicant Name:

Mailing Address:

Website:

Email:

FEIN:

Policy Effective Date:

Phone Number:

Inspection and Insurance Contact Name:

Phone Number:

Type of Entity:

- | | | |
|----------------------------|-------------------------------|------------------------------------|
| Backflow Operator | Irrigation District | Senior Service Center |
| Cemetery District | Library District | Sewer District |
| Community Service District | Memorial District | Soil & Water Conservation District |
| Contract Water Operator | Mutual Water Company | Water District |
| Extension Service District | Parking Authority or District | Other |

Please list all Additional Insured names, operations, addresses, and number of employees at each location (if any):

- a.
- b.
- c.

VII. STAFFING

Total number of employees:

- | | |
|--|--------------------------|
| Board Members, Public Officials, Directors or Officers | Full-Time Paid Employees |
| Temporary or Seasonal Workers | Part-Time Paid Employees |
| Volunteers (do not include volunteer board members) | |

Employee annual turnover rate: %

Hiring and employment practices:

- | | | | | | |
|-----|----|---------------------------------|-----|----|---------------------------|
| Yes | No | Pre-hire physicals | Yes | No | Criminal background check |
| Yes | No | Employment history verification | Yes | No | MVR checks |
| Yes | No | Reference checks | Yes | No | Written application |
| Yes | No | Pre-hire drug screen | Yes | No | Baseline Hearing tests |

Are there regularly scheduled in-service trainings for all employees? Yes No

Group medical provided to all employees? Yes No

If no, explain:

Is there formal screening/orientation process for volunteers? Yes No

Are background checks conducted on all volunteers? Yes No

Does the entity lease any employees? Yes No

If yes, please describe:

Do you have any foreign trips planned for the upcoming year? Yes No

If yes, to where:

Does the entity provide employees or equipment to any local government? Yes No

If no, explain:

III. RISK MANAGEMENT

- Yes No Employee Orientation and Training Describe:
- Yes No Successful return to work program Describe:
- Yes No Written safety program Describe:
- Yes No Routine maintenance program Describe:
- Yes No Formal Safety meetings How often:
- Yes No Accident/Injury investigation Describe:
- Yes No Post-accident drug testing Describe:
- Yes No Substance abuse policy Describe:
- Yes No Ergonomics Describe:
- Yes No Written contracts when using subcontractors
- Yes No Require subcontractor to carry Workers' Compensation coverage
- Yes No Does the entity utilize a uniform written contract for all subcontractors?
If "Yes," check items that are included:
 - Additional Insured Status on a Primary and Non-Contributory Basis
 - Hold Harmless wording
 - Defense and Indemnification wording

Driver policies for:

- Yes No Alcohol/Drug use Yes No Seat belt use Yes No Distracted driving
- Describe any other formal or informal risk management controls:

IV. EXPOSURES & CONTROLS

Do the following exposures exist? Are there any controls in place?

		EXPOSURE	CONTROLS	
Yes	No		Yes	No
		Back injury		
		Describe:		
		Auto		
		Describe:		
		Slips, trips, & falls		
		Describe:		
		Confined Space		
		Describe:		
		Repetitive motion		
		Describe:		
		Chemical exposure		
		Describe:		
		Trenching safety		
		Describe:		
		Fall protection		
		Describe Height Exposure and protection:		
		Personal protective equipment		
		Describe:		

Yes	No	Material handling	Yes	No
Describe:				
Yes	No	Lockout/Tagout	Yes	No
Describe:				
Yes	No	MSDS/Hazardous materials	Yes	No
Describe:				

PLEASE READ CAREFULLY --- GENERAL FRAUD WARNING NOTICE

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 act, which is a crime and may subject the person to criminal and civil penalties.

STATE-SPECIFIC FRAUD WARNING NOTICES

Arkansas Fraud Warning

Any person or entity who willfully and knowingly makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who willfully and knowingly employs any device, scheme or artifice, for the purpose of obtaining any benefit or payment, defeating or wrongfully increasing or wrongfully decreasing any claim for benefit or payment, or obtaining or avoiding workers compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for any of said purposes, under this chapter will be guilty of a Class D felony.

California Fraud Warning

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Fraud Warning

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia Fraud 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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by an applicant.

Florida Fraud Warning

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.

Kentucky Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana Fraud Warning

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.

Maine Fraud Warning

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland Fraud Warning

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

New Jersey Fraud Warning

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

New Mexico Fraud Warning

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 civil fines and criminal penalties.

New York Fraud Warning

Commercial Insurance: 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.

Ohio Fraud Warning

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 a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Warning

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Warning

Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

Pennsylvania Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person files an application 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 such person to criminal and civil penalties.

Rhode Island Warning

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.

Tennessee Fraud Warning

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.

Utah Fraud Warning

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be a filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia Fraud Warning

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.

Washington Fraud Warning

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.

West Virginia Fraud Warning

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.

V. APPLICATION CHECKLIST

COMPLETED SUPPLEMENTAL APPLICATION AND ACORD 130 APPLICATION

SIGNATURES ON APPLICATIONS WHERE REQUIRED

5 YEARS OF CURRENTLY VALUED CARRIER LOSS RUNS, INCLUDING LOSS DETAILS OF ANY LOSS OVER \$25,000

NUMBER OF EMPLOYEES BY LOCATION

I CERTIFY THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Your signature below acknowledges that you have read the General Fraud Warning Notice and the State Specific Fraud Warning Notice that applies to your state of domicile.

The undersigned is an authorized representative of the applicant and certifies the information provided to obtain this coverage is accurate to the best of their knowledge. This includes any applications and loss history information.

_____	_____	_____
SIGNATURE OF PROPOSED INSURED	TITLE	DATE
_____	_____	_____
SIGNATURE OF PROPOSED AGENT	TITLE	DATE