

LABOR PROVIDERS USL&H AND STATE ACT WORKERS COMPENSATION

PROGRAM SUMMARY

TYPE	USL&H and State Act Workers Compensation
MINIMUM PREMIUM	\$25,000
PROGRAM AVAILABILITY	Program is designed for risks with a Marine or Longshore specialty. Coverage is available in all states and will offer the combination of State Act with USL&H Coverage (except monopolistic states, where federal only coverage may be offered) including Outer Continental Shelf Lands Act.
SECURITY	Domestic, Licensed carriers
SUBMISSION REQUIREMENTS	<ul style="list-style-type: none"> • Fully completed WC Acord Application • Fully completed USL&H Labor Providers Supplemental • 5 years Longshore staffing experience • 4 years and current year's loss runs – not over 30 days old • Latest NCCI MOD worksheet • If in business LESS THAN 3 years OR no prior coverage: Resumes detailing experience this type operation and an explanation of why no prior coverage

PREMIUM/PAYROLL INFORMATION – Please complete

<u>Year:</u>	<u>Premium</u>	<u>Payroll</u>	<u>Exp Mod, if available</u>
Current Year			
Prior Year			
2nd Prior Year			
3rd Prior Year			
4th Prior Year			

SEND YOUR SUBMISSION TO: SUBMIT@LIGMarine.com



LIG Marine Managers
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Labor Providers Longshore Application

USL&H Workers' Compensation – Labor Providers Supplemental

I. APPLICANT INFORMATION										
1. Applicant Name:										
II. GENERAL APPLICANT INFORMATION										
				Details						
1. Do you hire day laborers?		Y <input type="checkbox"/> N <input type="checkbox"/>								
2. Do you employ 100 or more workers at any single work location?		Y <input type="checkbox"/> N <input type="checkbox"/>								
3. Do you supply laborers to contractors in California?		Y <input type="checkbox"/> N <input type="checkbox"/>								
III. CLIENT INFORMATION										
Summary of States, Workplaces and Class Codes:										
State(s)	# of Clients	# Clients added in last 18 months	# Clients canceled in last 18 months	# of Work Locations	# Work Locations added in last 18 months	# Work Locations canceled in last 18 months	# of Class Codes	# Class Codes added in last 18 months	# Class Codes canceled in 18 last months	Estimated Payroll Exposure for next 12 Months
IV. EMPLOYEE SCREENING										
Does your New Hire program include the following:				Details						
1. Formal written job application?		Y <input type="checkbox"/> N <input type="checkbox"/>								
2. Reference checks?		Y <input type="checkbox"/> N <input type="checkbox"/>								
3. Motor Vehicle checks on drivers?		Y <input type="checkbox"/> N <input type="checkbox"/>								
4. Job experience & placement certification requirements?		Y <input type="checkbox"/> N <input type="checkbox"/>								
5. Pre-employment physicals?		Y <input type="checkbox"/> N <input type="checkbox"/>								
6. Drug testing?		Y <input type="checkbox"/> N <input type="checkbox"/>								
7. Base line audiogram testing at hire (as work tasks demand)?		Y <input type="checkbox"/> N <input type="checkbox"/>								
8. Probationary period?		Y <input type="checkbox"/> N <input type="checkbox"/>								

V. EMPLOYEE BENEFITS				
Does your Employee Benefits program include the following?		Waiting Period for Eligibility	% of Employee Selection	Details
1. Long-Term Disability?	Y <input type="checkbox"/> N <input type="checkbox"/>			
2. Short-Term Disability?	Y <input type="checkbox"/> N <input type="checkbox"/>			
3. Life Insurance?	Y <input type="checkbox"/> N <input type="checkbox"/>			
4. Pension Plan / 401K?	Y <input type="checkbox"/> N <input type="checkbox"/>			
5. Paid Vacation Days?	Y <input type="checkbox"/> N <input type="checkbox"/>			
6. Paid Sick Days?	Y <input type="checkbox"/> N <input type="checkbox"/>			
VI. SAFETY MANAGEMENT BY APPLICANT				
Does your Safety program include the following:		Details		
1. Full time safety director?	Y <input type="checkbox"/> N <input type="checkbox"/>			
2. Safety committee?	Y <input type="checkbox"/> N <input type="checkbox"/>			
3. Accident investigation?	Y <input type="checkbox"/> N <input type="checkbox"/>			
4. Employer provided safety equipment?	Y <input type="checkbox"/> N <input type="checkbox"/>			
5. Employee training for lifting, ergonomics, universal precautions?	Y <input type="checkbox"/> N <input type="checkbox"/>			
6. Employee safety meetings?	Y <input type="checkbox"/> N <input type="checkbox"/>			
7. Light duty / early return to work?	Y <input type="checkbox"/> N <input type="checkbox"/>			
VII. CLIENT SCREENING				
		Details		
1. Do you have established criteria for new client selection? (Details required).	Y <input type="checkbox"/> N <input type="checkbox"/>			
2. Do you complete job hazard assessments for all new clients?	Y <input type="checkbox"/> N <input type="checkbox"/>			
3. Do you eliminate clients for poor safety practices and/or loss experience?	Y <input type="checkbox"/> N <input type="checkbox"/>			
4. Do you review the client's new worker orientation procedure?	Y <input type="checkbox"/> N <input type="checkbox"/>			
5. Do you review client's response procedures for emergency or accidents?	Y <input type="checkbox"/> N <input type="checkbox"/>			
6. Do you inspect worksites for safety "prior" to employee placement?	Y <input type="checkbox"/> N <input type="checkbox"/>			
7. Do you or client provide employees with description of job assignments?	Y <input type="checkbox"/> N <input type="checkbox"/>			
8. Does client provide safety training in equipment operation and maintenance?	Y <input type="checkbox"/> N <input type="checkbox"/>			



9. Does client provide safety training in use of personal protective equipment?	Y <input type="checkbox"/> N <input type="checkbox"/>	
10. Does client provide safety training in hazard communications training?	Y <input type="checkbox"/> N <input type="checkbox"/>	

VIII. CLIENT MONITORING & REPORTING		
		Details
1. Do you require clients to provide advance notification of new work tasks?	Y <input type="checkbox"/> N <input type="checkbox"/>	
2. Do you complete job hazard assessments for new work tasks?	Y <input type="checkbox"/> N <input type="checkbox"/>	
3. Do you complete job hazard assessments for new work locations?	Y <input type="checkbox"/> N <input type="checkbox"/>	
4. Do you complete mid-term inspections of work tasks & locations?	Y <input type="checkbox"/> N <input type="checkbox"/>	
5. Do you conduct mid-term monitoring of client experience?	Y <input type="checkbox"/> N <input type="checkbox"/>	
6. Do you terminate clients with poor safety practices and/or loss experience?	Y <input type="checkbox"/> N <input type="checkbox"/>	

IX. CLAIMS MANAGEMENT & REPORTING		
		Details
Does your Claims Management program include the following?		
1. Full time claims manager?	Y <input type="checkbox"/> N <input type="checkbox"/>	
2. Claim fraud investigation?	Y <input type="checkbox"/> N <input type="checkbox"/>	
3. Mid-term monitoring and reporting of trends in claim frequency and severity?	Y <input type="checkbox"/> N <input type="checkbox"/>	

X. APPLICANT SIGNATURE			
<p>Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to complete the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true and that no other material information has been withheld. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the company reserves the right to modify or withdraw any offer for insurance.</p> <p>Fraud Warning: 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 act, which is a crime and may subject such person to criminal and civil penalties.</p>			
Applicant Signature		Date	

