

# Straits Work Comp Application

## Applicant Information

1. Applicant Name: \_\_\_\_\_ DBA: \_\_\_\_\_

2. Mailing address: \_\_\_\_\_  
\_\_\_\_\_

3. Location address  check here if the same as the mailing address

4. Phone #: \_\_\_\_\_ 5. Fax #: \_\_\_\_\_

6. E-mail: \_\_\_\_\_ 7. Web Site: \_\_\_\_\_

8. Legal Entity:  Individual  Partnership  Corporation  LLC  Other \_\_\_\_\_

9. FEIN # \_\_\_\_\_

10. Effective date requested: \_\_\_\_\_ 11. Year(s) in Business: \_\_\_\_\_

12. If less than three years in business, does the current ownership have three years of management experience in a related field?  Yes  No

13. Or are they a franchised operation?  Yes  No; Name of Franchise: \_\_\_\_\_

14. SF of premises: \_\_\_\_\_ 15. Year Built: \_\_\_\_\_ 16. Number of stories: \_\_\_\_\_

17. Construction:  Frame  Jointed Masonry  Light Non-Combustible  Heavy Non-Combustible

**Coverage: (Officers/Stockholders are excluded unless it's an open corp or stockholder who is not an officer)**

Name of Officer/Stockholder: \_\_\_\_\_ % of Stock: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Officer/Stockholder: \_\_\_\_\_ % of Stock: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Officer/Stockholder: \_\_\_\_\_ % of Stock: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Officer/Stockholder: \_\_\_\_\_ % of Stock: \_\_\_\_\_ Title: \_\_\_\_\_

Class Code: \_\_\_\_\_ # of F/T \_\_\_\_\_; # of P/T \_\_\_\_\_; Annual Payroll: \$ \_\_\_\_\_

Class Code: \_\_\_\_\_ # of F/T \_\_\_\_\_; # of P/T \_\_\_\_\_; Annual Payroll: \$ \_\_\_\_\_

Class Code: \_\_\_\_\_ # of F/T \_\_\_\_\_; # of P/T \_\_\_\_\_; Annual Payroll: \$ \_\_\_\_\_

Any prior last 3 years loss?  Yes  No.

If yes, type of loss \_\_\_\_\_. Loss  Open  Close

Short Business description of operations

\_\_\_\_\_  
\_\_\_\_\_