

**CONSTRUCTION ASSOCIATION OF MICHIGAN
WORKERS' COMPENSATION PLAN**

DATE: _____

FED ID #: _____

COMPANY NAME: _____

ADDRESS: _____

OF LOCATIONS: _____

ADDRESSES: _____

COUNTY: _____

WEB: _____

EMAIL: _____

COMPLETED BY: _____

TITLE: _____

PHONE: _____

FAX: _____

YEARS IN BUSINESS: _____

NATURE OF BUSINESS: _____

CORPORATION _____

LIMITED LIABILITY CO: _____

CO-PARTNERSHIP _____

INDIVIDUAL _____

PLEASE INDICATE MEMBERSHIP IN ANY OF THE FOLLOWING ASSOCIATIONS:

- ___ CONSTRUCTION ASSOCIATION OF MICHIGAN (CAM)
- ___ BUILDERS EXCHANGE OF GRAND RAPIDS & WESTERN MICHIGAN
- ___ BUILDERS EXCHANGE OF THE KALAMAZOO AREA
- ___ WASHTENAW CONTRACTORS ASSOCIATION, INC.

NAME OF CURRENT W.C. CARRIER: _____

POLICY PERIOD: _____

AGENT/AGENCY: _____

ANY W.C. COVERAGE DECLINED, CANCELLED OR NON-RENEWED WITHIN THE PAST 3 YEARS?

YES

NO

IF YES, PLEASE GIVE EXPLANATION:

CURRENT EXPERIENCE MODIFICATION FACTOR: _____

(CAN BE OBTAINED FROM YOUR CURRENT POLICY)

PROVIDE ESTIMATED ANNUAL PAYROLL BY CLASS CODE & CLASSIFICATION FOR CURRENT CALENDER YEAR

CODE	CLASSIFICATION	ESTIMATED PAYROLL	# OF EMPLOYEES
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PLEASE PROVIDE CURRENT W.C. CLAIMS (LOSS RUNS) FOR 5 YEARS.
(CAN BE OBTAINED FROM YOUR CURRENT INSURANCE CARRIER OR AGENT)

LIST OFFICERS, PARTNERS, RELATIVES:

NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER- SHIP%	DUTIES	EXCLUDED
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PLEASE ADVISE IF ANY OF THE ABOVE ARE EXCLUDED FROM YOUR CURRENT POLICY: _____

<u>AGE</u>	<u># OF EMPLOYEES</u>
0-15 YEARS	_____
16-20 YEARS	_____
21-35 YEARS	_____
36-50 YEARS	_____
51-60 YEARS	_____
60 +	_____

PLEASE PROVIDE ALL THE REQUIRED DETAILS FOR "YES" RESPONSES BY USING THE REMARKS AREA BELOW.

	<u>YES</u>	<u>NO</u>
1) DO YOU OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?	_____	_____
2) DO OPERATIONS INVOLVE STORING, TREATING, DISCHARGING, APPLYING, DISPOSING OR TRANSPORTATION OF HAZARDOUS MATERIAL?	_____	_____
3) ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	_____	_____
4) ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS?	_____	_____
5) ARE YOU ENGAGED IN ANY OTHER TYPE OF BUSINESS?	_____	_____
6) ARE SUB-CONTRACTORS USED?	_____	_____
7) ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE?	_____	_____
8) IS A FORMAL SAFETY PROGRAM IN OPERATION?	_____	_____
9) ANY GROUP TRANSPORTATION PROVIDED?	_____	_____
10) ANY PART TIME OR SEASONAL EMPLOYEES?	_____	_____
11) IS THERE ANY VOLUNTEER OR DONATED LABOR?	_____	_____
12) ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	_____	_____
13) DO EMPLOYEES TRAVEL OUT OF STATE?	_____	_____

14) ARE ATHLETIC TEAMS SPONSORED?

15) ARE PRE-EMPLOYMENT PHYSICALS REQUIRED?

16) ARE EMPLOYEE HEALTH PLANS PROVIDED?

17) IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?

18) DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?

REMARKS: