WORKERS COMPENSATION APPLICATION

Please do not print this form. Simply fill in the blanks, save and submit/email to insurance@filmemporium.com.

APPLICANT INFORMATION

Name of Employer:			
Trade Name or DBA Name:			
Please provide the main NYS work location of the employer (PO Box is not acceptable as a work location):			
Address:			
Phone #:		Fax #:	
How long has your company been in business?	years, months		
The Applicant is:	☐ An Individual ☐ A Partnership ☐ A Corporation ☐ Other:		
E-Mail Address:			
Federal Tax ID #:			
Date of Incorporation:			

PREVIOUS POLICY INFORMATION

Have you ever been insured for Worker's Compensation?	☐ Yes ☐ No	
If yes, please provide information on your Worker's Compensation experience for the past 5 years:		
a)	Year:	
b)	Prior Carrier Name:	
c)	Policy Number:	
d)	Annual Premium Paid:	$
e)	# of Claims:	
f)	Total Insured Claims Cost:	$
g)	Amount Paid:	$

BUSINESS INFORMATION

If known, please enter your latest experience modification factor:	(0.00)		
a)	Effective Rating Date:		
Please describe your business operations:			
Please list your estimated annual payroll by type of work & duties for all your employees:			
If you are a corporation with one or two executive officers who collectively own 100% of the corporation's stock, you have the option to exclude the officers from coverage. Do you wish to exclude officer(s)?	☐ Yes ☐ No		
If you are a partnership, LLP, PLLP, LLC, PLLC or Sole Proprietorship you can elect to bring partners, members or self-employed persons under coverage for a premium that is subject to a minimum and maximum annual remuneration. Do you wish to include partners, members or self-employed persons?	☐ Yes ☐ No		
If yes, include remuneration for person(s) you wish to bring under coverage below:			
	Duties	# of Employees	Annual Payroll

Clerical / Office Employees			$
Sales/Collectors/Messengers			$
Executive Officers / Partners / Members / Self-Employed			$
Other			$

ADDITIONAL INFORMATION FOR BINDING

Name of your bank:			
Bank Address:			
Premium Audit contact information			
Name:			
Address:			
Phone #:		Fax #:	
e-mail:			

Please provide information on the sole proprietor, all executive officers, partners, elected or appointed officials, or members of governing boards, if applicable.

#1	Name:		Title:	
Duties:			Annual Salary:	$
Phone #:			Fax #:	
e-mail:				
Address:				
#2	Name:		Title:	
Duties:			Annual Salary:	$
Phone #:			Fax #:	
e-mail:				
Address:				
#3	Name:		Title:	
Duties:			Annual Salary:	$
Phone #:			Fax #:	
e-mail:				
Address:				

Disability Benefits Carrier:		Policy #:	
Do you want a disability benefits insurance quote?	☐ Yes ☐ No		
General Liability Insurance Carrier:		Policy #:	
Have you ever been in business under a different name?	☐ Yes ☐ No		
If yes, please answer the following:			
Name used:		Trade Name (if any):	
Date Usage of Name Was Stopped or Changed:			
If you are incorporated, have the principals of the corporation previously managed a business by another name?	☐ Yes ☐ No		
If yes, please answer the following:			
Name used:		Trade Name (if any):	
Date Usage of Name Was Stopped or Changed:			
Is your business or company an affiliate or a subsidiary of any other company?	☐ Yes ☐ No		
If yes, please answer the following:			
Name of Affiliate/Subsidiary:			
Address:			
Relationship:	Please select:		
Present Worker's Comp Insurance Carrier:			
Are you engaged in any other type of business?	☐ Yes ☐ No		
If yes, Please describe other business operations including the products and services sold:			
Are sub-contractors or independent contractors used?	☐ Yes ☐ No		

At least one of the following items of payroll verification MUST accompany this application. Failure to provide payroll verification may result in rejection of your application for insurance. Please attach at least one of the following items to your application:

- A copy of your previous insurance company's premium audit bill showing the classifications and payrolls for the most recent policy period
- Copies of Federal Tax Form 941 for the last four quarters
- Copies of New York State Tax Form NYS-45-MN quarterly combined withholding, wage reporting and unemployment insurance return for the last four quarters

If none of the foregoing documents are available because you are a new business or did not have employees, then check this box: ☐

Terms and Conditions

Please carefully review the Terms and Conditions below:

- I represent that this application form has been completed after proper inquiry and, based on this inquiry, I represent the application contents are true, accurate, and not misleading.
- I represent that I understand and agree that if any of the contents of this application are intentionally untrue, inaccurate, or misleading, in any material respect, or if I fail to notify the insurance company of additional information that might render the

contents of this application untrue, inaccurate, or misleading, in any material respect, then the insurance company is entitled to rescind any policy issued pursuant to this application.

- Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties. Please click the link below for individual state notices.
- I represent that I understand and agree that this application and all materials submitted in connection with this application are incorporated into and form the basis of any policy issued by the insurance company pursuant to this application.
- I represent that by signing this application I am representing that I am duly authorized to execute insurance contracts on behalf of the entity applying for this coverage and that all representations (whether verbal or written) made in connection with this application are made on behalf of and shall be fully binding upon such entity.
- A quotation received is not binding on the Insurer in any way.
- By clicking 'Submit Application' you are *not* agreeing to purchase coverage. If terms can be offered you will receive a free, no-obligation insurance quotation via email. All quotes require underwriter's approval and payment prior to binding. Please read all exclusions indicated on the quotation.
- Please note that once coverage is bound, the policy cannot be cancelled.
- The insurance quotation will be based solely on the coverages and limits selected on this application.
- Please ask your Film Emporium, Inc. representative to further explain coverage details, exclusions (including stunts and/or other hazardous activities), limits or other provisions of any insurance policy, or to request a sample policy form.

By submitting this application you indicate that you have read and accepted the Terms and Conditions above.

Group Travel Accident – to protect accidental death & dismemberment coverage to all your employees and independent contractors while traveling and while on location.

Errors & Omissions Liability – to protect you from claims alleging copyright and trademark infringement, invasion of privacy, plagiarism, defamation of character and other related media perils.

Employee Benefits Liability – to protect you from claims alleging wrongful acts, errors or omissions in administering your employee benefit plans

Fiduciary Liability – to protect you from claims alleging wrongful acts, errors or omissions in the administration of your pension plans.

Kidnap & Ransom – to provide the funds and experienced security personnel to negotiate the ransom demand and/or extortion demand.

Directors & Officers liability – to provide protection to the directors & officers of the corporation in their capacity as officers & directors from claims alleging wrongful acts.

Non-Owned Aircraft liability – to protect you if you charter an aircraft

Non-Owned Watercraft liability – to protect you if you charter an watercraft for both the hull and liability exposure

Weather Insurance – to provide reimbursement for the expenses and/or potential lost revenue associated with a specific event.

Umbrella liability would provide higher limits of liability coverage over the General Liability, Auto liability and employers liability.

Employment Practices Liability – would provide coverage for claims alleging wrongful termination, sexual harassment and discrimination from past, present or potential employees.

State Notifications:

ALASKA: A person who knowingly and with the intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

ARKANSAS: 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 may be guilty of a crime and subject to fines and confinement in prison.

CALIFORNIA: 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 prison. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

COLORADO: 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 policy holder 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.

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

DISTRICT OF COLUMBIA: 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, any insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punish able by fines, imprisonment or both.

IDAHO: Any person who knowingly, and with the intent to defraud or deceive any false, incomplete or misleading information is guilty of a felony.

INDIANA: A person who knowingly and with the intent to defraud an insurer files a statement of claims containing any false, incomplete or misleading information commits a felony.

KENTUCKY: Any person who knowingly and with the intent to defraud an 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.

LOUISIANA, MAINE AND TENNESSEE: Any person who knowingly and with the intent to defraud any insurance company or another person, files a statement of claim contain 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, subject to criminal prosecution and civil penalties. Insurance benefits may also be denied.

MINNESOTA: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEBRASKA: Any person who knowingly presents false information in an application for insurance or viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

NEVADA: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NEW HAMPSHIRE: Any person who, with the purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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 MEXICO: Any person who 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: Any persons who knowingly and with the 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: Any person who, with the 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: WARNING: Any person who knowingly and with the 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: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA: Any person who knowingly and with the 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 thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

UTAH: For your protection, Utah law requires the following to be included in this application: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be 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: 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: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WEST VIRGINIA: 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.

Signature (Please type first and last name.)			Date (mm/dd/yyyy)
Title			