



SPECIALTY CASUALTY SOLUTIONS

Jackson Lloyd Texas Nonsubscriber Program Quick Quote application

P.O. Box 187, Longview, Texas 75606 Ph. 800-657-5242 Fax 800-933-8662

Applicant Name: Proposed Eff Date:

Corp. Partnership LLC Ind. FEIN Yrs in Bus: All entities of applicant included above? Yes No

Mailing address: Web Address:

Locations:

Description of Operations/Exposures:

Does the applicant have any: Employees working out of their homes Labor interchange with entities not included above 24 hour operations USL&H, Jones Act or FELA exposures Aircraft exposure None of these

Does the applicant manufacture, handle, sell, or transport any of the following: Chemicals Flammables Explosives Fuels Drugs Hazardous Wastes None of these

Does the applicant have the following in place: Self-Inspections for safety Safety program Safety director Employee training provided Safety meetings Drug/Alcohol testing None of these

Does the applicant perform any of the following operations: Underground/Tunneling - Max ft. Work at heights above 15 feet - Max ft. Neither of these

Has the applicant had: OSHA inspections/recommendations/violations Employers Liability loss None of these

Automobile Exposure (Company owned vehicles)

Table with 7 columns: Radius of Use (miles), Private Passenger, Light Commercial, Medium Commercial, Heavy Commercial, X-Heavy Commercial, Tractor-Trailer. Rows for 0-50, 51-200, Over 200.

Do employees drive personal vehicles for business purposes? Yes No

Loss History - Must provide at least the past 3 years loss history. Loss runs must be valued within the past 60 days. If no prior coverage, a statement of losses must be attached. Loss runs attached Statement of losses attached

Current Coverage: Carrier Limit SIR/Deductible Premium Renewal Date Weekly Disability Benefit Benefit Period

Requested Coverage: Limit SIR Weekly Disability Benefit Benefit Period

Rating Information: Owners / Executive Officers: Included Excluded Owner's Name:

Would you like to utilize your existing ERISA/ADR Plan? Yes No If no, do you agree to implement the ERISA and ADR Plans issued to you? Yes No Plan Administrator's Name

Do you have, or want to cover, any 1099 employees that work for you? Yes No If so, proof of remuneration will be required.

Table with 6 columns: Occupation, Class Code, F/T Employees, P/T Employees, Total in Class, Annual Payroll or Earnings. Row for Owners / Executive Officers (Class Code 8809) and a Total row.

\*Please note - Payroll for each employee should be capped at \$62,400. Also, overtime should be calculated on straight pay.

**THIS IS NOT A WORKERS' COMPENSATION INSURANCE POLICY. THE EMPLOYER DOES NOT OBTAIN WORKERS' COMPENSATION INSURANCE COVERAGE BY PURCHASING THIS POLICY, AND IF THE EMPLOYER HAS NOT ELECTED TO OBTAIN WORKERS' COMPENSATION INSURANCE COVERAGE, THE EMPLOYER DOES NOT OBTAIN THOSE BENEFITS THAT WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS IN THIS STATE. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAWS IN THIS STATE AS THEY PERTAIN TO EMPLOYERS THAT ELECT NOT TO MAINTAIN WORKERS' COMPENSATION INSURANCE AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.**

By signing this application form the applicant confirms that he or she has been provided with and inspected a specimen copy of the policy, and understands their rejection of the Texas Worker's Compensation Act status and the coverages and limitations of the policy.

If Coverage is issued based upon information provided in this application, the applicant understands and agrees that this application shall form a part of the policy, and the statements herein shall be construed as material representations of the applicant. 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 insurance act, which is a crime and subjects the person to criminal and civil penalties.

I also hereby agree and understand that the policies being provided by Crum and Forster Specialty Insurance Company are not materially or substantially similar to the coverage prescribed under The Texas Workers' Compensation Law and Act ("the Law"). I also agree and understand the policy is neither an alternative, not a replacement for Workers' Compensation or Employers' Liability as prescribed by that Law.

I understand that Crum and Forster Specialty Insurance Company and Amwins Specialty Casualty Solutions are not rendering any legal advice in connection with this transaction. I acknowledge that there have been no oral representations made by Amwins Specialty Casualty Solutions regarding terms, conditions or coverage of the policy.

I further understand that by not carrying Workers' Compensation or Employers' Liability coverage, I may be giving up some defenses under that law in any lawsuit brought by one of my employees for a work-related accident.

We hereby accept the proposal as per the attached quotation from Amwins Specialty Casualty Solutions and Crum and Forster Specialty Insurance Company. We understand that this policy does not replace or provide coverage under Texas Workers' Compensation or Employers' Liability Insurance.

All business under this program is administered by Amwins Specialty Casualty Solutions, LLC, a licensed insurance producer.

Jackson Lloyd Texas Nonsubscribers is a program name only and not a separate legal entity or insurer.

\_\_\_\_\_  
Full Employer/Holder Name (PRINTED)

\_\_\_\_\_  
DBA, if any (PRINTED)

\_\_\_\_\_  
Name / Title (PRINTED)

Applicant's Email Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



Please send your submission to: [submissions.nonsub.ascs@amwins.com](mailto:submissions.nonsub.ascs@amwins.com)

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