

**IHRSA WORKER'S COMPENSATION SAFETY GROUP DIVIDEND RETURN PROGRAM
WORKER'S COMPENSATION APPLICATION**



UNDERWRITTEN BY
Liberty Mutual
ADMINISTERED by Creative Agency Group



Creative Insurance Services, Inc. CIS Insurance Agency, Inc.

15 Creative Circle, Route 520, Holmdel, New Jersey 07733 -- (800) 888-8381 (732) 946-4000

CORPORATE AND CLUB TRADE NAME _____ YEARS IN BUSINESS: _____

Individual Partnership Corporation Other (Specify) _____
IHRSA MEMBER YES NO E-MAIL ADDRESS _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

LOCATIONS

#	STREET	CITY	COUNTY	STATE	ZIP CODE
1					
2					

PERSON TO BE CONTACTED FOR INSPECTION PURPOSES _____ FEDERAL EMPLOYER I.D. NUMBER _____

TELEPHONE NO. () _____ FAX NO. () _____

ACCOUNTANT'S NAME AND ADDRESS _____ TELEPHONE NO. () _____

POLICY PERIOD: FROM _____, 20____ TO _____, 20____
[] Equal Monthly Installments [] Quarterly Installments [] Semi-Annual [] Pre-Paid

RATING INFORMATION			FOR COMPANY USE ONLY		
CLASSIFICATION OF OPERATION	NO. OF EMPS.	ESTIMATED PAYROLL	CODE	RATE	ESTIMATED ANNUAL PREMIUM
TENNIS CLUB			9065		
HEALTH INSTITUTE			9053		
CLUBS - HEALTH			9063		
CLERICAL			8810		
OTHER (DESCRIBE) _____					
TOTALS					

FOR COMPANY USE ONLY	TOTAL	\$
STATE W.C. FILE NO. _____	INCREASED LIMITS	\$
INDIVIDUAL STATE EXPERIENCE MOD: _____	EXPERIENCE MOD. ()	\$
UNDERWRITINGS COMMENTS _____	PREMIUM DISC. ()	\$
	EXPENSE CONSTANT	\$
	STATE SURCH. ()	\$
	TOTAL EST. ANNUAL PREMIUM	\$

GENERAL INFORMATION

NAME OF CURRENT CARRIER: _____ POLICY DATES: _____
POLICY NO. _____ FROM _____ TO _____
Has coverage ever been declined, cancelled or non-renewed Yes No Explain: _____

CLAIMS EXPERIENCE FOR PAST THREE (3) YEARS (Attach copy of Claims history)

DESCRIPTION	AMOUNT PAID	RESERVE

Names of officers: _____ Included Excluded
_____ Included Excluded
_____ Included Excluded

FACILITIES ON PREMISES

YES	NO	YES	NO	YES	NO	YES	NO				
[]	[]	HEALTH CLUB	[]	[]	TANNING BEDS	[]	[]	SWIMMING POOL	[]	[]	BASKETBALL COURTS
[]	[]	TENNIS COURTS	[]	[]	MASSAGE	[]	[]	COOKING	[]	[]	CHILD SITTING
[]	[]	RACQUETBALL COURTS	[]	[]	AEROBICS	[]	[]	LIQUOR SERVED	[]	[]	PHYSICAL THERAPY
[]	[]	SQUASH COURTS	[]	[]	MARTIAL ARTS	[]	[]	AIR STRUCTURE	[]	[]	OTHER (DESCRIBE)

DESCRIPTION _____
PRINCIPAL OWNER'S NAME _____ WEBSITE _____

THIS APPLICATION CONTAINS A DESCRIPTION OF ALL HAZARDS KNOWN TO ME TO EXIST ON THIS DATE AND THOSE WHICH ARE LIKELY TO EXIST AT ANYTIME DURING THE POLICY PERIOD.
APPLICANT'S SIGNATURE _____ DATE _____ PRODUCER'S SIGNATURE _____ DATE _____

NOTE: PLEASE COMPLETE "NOTICE OF ASSIGNMENT" ON REVERSE SIDE.