

**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 _____ TO _____
 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				
<input type="checkbox"/>	<input type="checkbox"/>	HEALTH CLUB	<input type="checkbox"/>	<input type="checkbox"/>	TANNING BEDS	<input type="checkbox"/>	<input type="checkbox"/>	SWIMMING POOL	<input type="checkbox"/>	<input type="checkbox"/>	BASKETBALL COURTS
<input type="checkbox"/>	<input type="checkbox"/>	TENNIS COURTS	<input type="checkbox"/>	<input type="checkbox"/>	MASSAGE	<input type="checkbox"/>	<input type="checkbox"/>	COOKING	<input type="checkbox"/>	<input type="checkbox"/>	CHILD SITTING
<input type="checkbox"/>	<input type="checkbox"/>	RACQUETBALL COURTS	<input type="checkbox"/>	<input type="checkbox"/>	AEROBICS	<input type="checkbox"/>	<input type="checkbox"/>	LIQUOR SERVED	<input type="checkbox"/>	<input type="checkbox"/>	PHYSICAL THERAPY
<input type="checkbox"/>	<input type="checkbox"/>	SQUASH COURTS	<input type="checkbox"/>	<input type="checkbox"/>	MARTIAL ARTS	<input type="checkbox"/>	<input type="checkbox"/>	AIR STRUCTURE	<input type="checkbox"/>	<input type="checkbox"/>	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.