



State Insurance Fund  
 1215 W. State Street  
 P.O. Box 83720  
 Boise, ID 83720-0044  
 (208) 332-2100 – 1-800-334-2370  
 Fed. ID 82-0412279

Agency name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Agency #: \_\_\_\_\_  
 Agency contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**OFFICE USE ONLY**  
 App ID # \_\_\_\_\_

Print or type. Please complete all areas of the application that are not specified "OFFICE USE ONLY" or shaded. Incomplete applications can not be processed. For assistance, call the State Insurance Fund at 1-800-334-2370 (332-2100 in the Boise area).

**PART 1 – GENERAL INFORMATION**

Proposed policy period: \_\_\_\_\_ to \_\_\_\_\_

Applicant name:	Federal ID #
Trade name (if any) (DBA):	NCCI Risk ID #
Mailing address:	Business phone:
Business address/Idaho work location:	Business fax:
Billing address:	E-mail address:
Contact person:	Web site:

Type of ownership:  1. Corporation  2. Partnership  3. Individual  4. Non-profit Corp.  5. Limited Liability Co.  6. Other: \_\_\_\_\_

**Employers liability insurance: Part One** of the policy applies to the Workers Compensation Law of Idaho. **Part Two** of the policy applies to employers liability insurance for work in Idaho. The limits of our liability under Part Two are standard: Bodily injury by accident - \$100,000 each accident; bodily injury by disease - \$100,000 each employee; bodily injury by disease - \$500,000 policy limit. Increased limits are available upon request.

**Do you wish to request increased limits on employers liability insurance?**  
 Yes  No  
 If yes, what limits are requested?  
 Bodily injury by accident (\$100,000 min.): \_\_\_\_\_  
 Bodily injury by disease, each employee (\$100,000 min.): \_\_\_\_\_  
 Bodily injury by disease, policy limit (\$500,000 min.): \_\_\_\_\_

**PART 2 – BUSINESS DESCRIPTION & CLASSIFICATION**

In order to properly classify your business and estimate premium, please provide a specific description of your operation. (Attach a separate sheet if necessary.)

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Description of work by type of employee	Number of employees	Estimated annual payroll	Code No.	Rate	Estimated annual premium
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
				<b>Total EAP</b>	<b>\$</b>

Payment Plan: Easy Pay  Number of payments \_\_\_\_\_ Payroll Reporting  Monthly  Quarterly  Deposit %: \_\_\_\_\_

Review by: Underwriter - \_\_\_\_\_ Lead Worker - \_\_\_\_\_

**PART 3 – OWNERSHIP**

List the names of sole proprietor, partners, members of an LLC, officers and directors of a corporation, trustees of a trust or receivership. See the attached Schedule of Exempt Employments for exemptions on ownership. Please attach a separate sheet if there are more owners.

Name	Date of birth	Percent owned	Business title	Idaho resident?		Coverage desired?		If yes, annual wage
				Yes	No	Yes	No	
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If corporate officer, are you also a director? <input type="checkbox"/> Yes <input type="checkbox"/> No			Active? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job duties:				
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If corporate officer, are you also a director? <input type="checkbox"/> Yes <input type="checkbox"/> No			Active? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job duties:				
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If corporate officer, are you also a director? <input type="checkbox"/> Yes <input type="checkbox"/> No			Active? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job duties:				
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If corporate officer, are you also a director? <input type="checkbox"/> Yes <input type="checkbox"/> No			Active? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job duties:				
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If corporate officer, are you also a director? <input type="checkbox"/> Yes <input type="checkbox"/> No			Active? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job duties:				

**PART 4 – PRIOR COVERAGE AND GENERAL INFORMATION**

Please provide information about prior coverage for the past five years.

Year	Carrier	Policy number	Est. annual premium
			\$
			\$
			\$
			\$
			\$

How long has this business been in existence?	Do you hire subcontractors or contract labor? <input type="checkbox"/> Yes <input type="checkbox"/> No
How long has the present ownership owned this business?	Do you require certificates of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you take Idaho employees into other states to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list those states you travel into to transact business:	Do any owners of this business own or have partial ownership in any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Do you have an accountant for workers compensation payroll reporting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give accountant's name, address, and phone number:	Do you have a formal written safety program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you hold safety meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No Who is in charge of safety for your business?
Do you have a business checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give name of bank and branch.	Do you hire more than 10% part-time or temporary employees from an employee leasing or temporary agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Have you or your business ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the current status?	Does your business utilize any volunteer or unpaid labor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Do you own or lease any aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many seats (excluding pilot)? Please describe (model, etc.) the aircraft:  Is the aircraft used to transport employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you perform any work underground or above 15 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Do you share employees, premises, or equipment with any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Do you perform any work on barges, vessels, docks, or bridges over water? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Do any of your employees predominantly work at home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Do you sponsor athletic teams? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are your employees involved with the team or with maintenance of equipment associated with the team activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Does your company have a formal drug-free workplace program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If there are areas of account servicing that you would like to see improved in either a previous or current policy, please let us know:	

**PART 5 - EXEMPT EMPLOYMENTS**

Pursuant to Idaho law (Idaho Code Section 72-212), **the employments described below are not covered** under a workers compensation insurance policy issued by the State Insurance Fund, unless a written election is filed with the Industrial Commission. Indicate below if you would like coverage for any of the following employments. If so, you will be provided with declaration forms and, if approved by the State Insurance Fund, the declaration will be filed with the Industrial Commission.

- 1. Household domestic service.
- 2. Casual employment. (Part-time and seasonal employment are not casual employment.)
- 3. Employment of outworkers.
- 4. Employment of members of an employer's family **dwelling in his household** (applies ONLY to sole proprietorships).
- 5. Employment as the owner of a sole proprietorship; employment of a working member of a partnership or a limited liability company; employment of an officer of a corporation who at all times during the period involved owns not less than ten percent (10%) of all of the issued and outstanding voting stock of the corporation and, if the corporation has directors, is also a director thereof.
- 6. Employment for which a rule of liability for injury, occupational disease, or death is provided by the laws of the United States.
- 7. Associate real estate brokers and real estate salesmen. Service performed by an individual for a real estate broker as an associate real estate broker or as a real estate salesman, if all such service performed by such individual for such person is performed for remuneration solely by way of commission.
- 8. Voluntary Ski Patrol.
- 9. Officials of the athletic contests involving secondary schools, as defined by Section 33-119, Idaho Code.

**PART 6 – ELECTION FOR EXEMPTION**

**Family members not dwelling in the household**

If the employer is the owner of a sole proprietorship, the employment of members of the **employer's family not dwelling in the employer's household are included as covered employment** under the workers compensation policy issued by the State Insurance Fund, **unless** the family member has **opted out** of coverage by filing a written declaration of election for exemption with the Industrial Commission. The exemption, if approved by the Industrial Commission, should be forwarded to the State Insurance Fund so that the policy will reflect the change of status of the family member/employee. "Member of employer's family" for the purposes of the election for exemption means a natural person or the spouse of a natural person who is related to the employer by blood, adoption or marriage within the first degree of consanguinity or a grandchild or spouse of a grandchild. Idaho Code Section 72-212(5).

**Pilots of Agricultural Spraying or Dusting Planes**

Employment as a pilot of an aircraft, used to apply fertilizers and pesticides, as defined in Section 22-2209, Idaho Code, to agricultural crops, when actually operating an aircraft, shall be exempt from the provisions of the Workers Compensation Law, **if** the employer files with, and has written approval by, the Industrial Commission, prior to employing a pilot for the purpose of engaging in the application of pesticides to agricultural crops by aircraft, proof of coverage of an insurance policy that will provide to the employed pilot of such aircraft while actually operating an aircraft, benefits in an amount not less than twenty-five thousand dollars (\$25,000) accidental death and dismemberment, ten thousand dollars (\$10,000) medical expense payments, and five hundred dollars (\$500) per month disability income for a minimum of forty-eight (48) months.

**PART 7 - ACKNOWLEDGEMENT**

The undersigned Applicant certifies that he or she has read the foregoing application and certifies that all of the information contained in the application is true, accurate, and complete. Further, Applicant understands that SIF will rely on the information contained in this application in the issuance of a policy.

By signing this application for insurance, the undersigned hereby authorizes the State Insurance Fund to use the information provided herein to conduct any and all investigations as deemed prudent and also consents to the State Insurance Fund obtaining of a consumer credit report on the applicant for the purpose of evaluating the applicant's creditworthiness, in connection with the application for insurance.

Date: \_\_\_\_\_

\_\_\_\_\_  
Owner/Partner/Officer/LLC Member's Signature

\_\_\_\_\_  
Title

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Producer: \_\_\_\_\_

\_\_\_\_\_  
Producer's Signature