



ARIZONA HOTEL MOTEL ASSOCIATION

Worker's Compensation Questionnaire for Applications and Quotes

The following information is needed to provide a premium on your workers' compensation insurance policy. This information will held in strict confidence.

HOTEL/ MOTEL INFORMATION

Association Member: Y / N

Hotel Name: _____ Federal Tax ID #: _____

Hotel Address: _____

City: _____ State: _____ Zip: _____

Hotel Telephone: (____) _____ Fax: (____) _____

Contact Person: _____ Title: _____

Contact Person E-Mail: _____

Current Insurance Information

Current 1999/2000 Premium: \$ _____ Current Insurance Co.: _____

Current Experience Modifier: _____ Current Policy Period: _____

Exposure Information Please attach a copy of your current policy declarations page or premium report.

NCCI Code	Classification	# of Employees	1999/2000 Payroll
9052	Hotel		
9058	Restaurant Employees		
8810	Clerical		
Other			

Employees to be excluded from coverage:

Name	Title	Remuneration
_____	_____	_____
_____	_____	_____
_____	_____	_____

CLAIMS INFORMATION

Individual claims in excess of \$25,000 – Please complete below and attach a brief narrative of the incident.

Date of Loss	Description of Accident	Total Paid	Total incurred

Please attach loss history for the last (3) years, or current year loss history & NCCI Experience Rating Worksheet

The Argus Group * 11225 N. 28th Drive, Suite D-212 * Phoenix, AZ 85029
(602) 863-0080 * (800) 777-5300 * Fax (602) 942-0938

GENERAL INFORMATION

Explain All "Yes" responses

	YES	NO
1. Does Applicant Own, Operate or Lease Aircraft/Watercraft?		
2. Do/Have Past, Present or Discontinued Operations Involved Storing, Treating, Discharging, Applying, Disposing, or Transporting Of Hazardous Material? (e.g. landfills wastes, fuel tanks, etc.)		
3. Any Work Performed Underground or Above 15 Feet?		
4. Is Applicant Engaged in Any Other type Of Business?		
5. Are Sub-Contractors Used? (If Yes, Give % Of Work Subcontracted)		
6. Any Work Sublet Without Certificates of Ins.?		
7. Is a Written Safety Program in Operation?		
8. Any Group Transportation Provided?		
9. Any Employees Under 16 or Over 60 Years of Age?		
10. Any seasonal Employee?		
11. Is There Any Volunteer or Donated Labor?		
12. Any Employees With Physical Handicaps?		
13. Do Employees Travel Out of State?		
14. Are Athletic Teams Sponsored?		
15. Are Physicals Required After Offers Of Employment Are Made?		
16. Any Other Insurance With Insurer?		
17. Any Prior Coverage Declined / Cancelled / Non-Renewed (Last 3 Years)?		
18. Are Employee Health Plans Provided?		
19. Do You lease Employees To or From Other Employers?		
20. Is There A Labor Interchange With Any Other Business / Subsidiary?		
21. Do Any Employees Predominantly Work At Home?		
22. Any Tax Liens or Bankruptcy Within The Last 5 Years?		

23. Number of Years Company Has Been in Business _____

24. Is The Company a Corporation, Partnership, Individual, Subchapter "S" Corp or Other _____

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS-

REMARKS:

Signature: _____