



WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

ASSOCIATED BUILDERS AND CONTRACTORS INC. POOL

Name of Applicant:

Information required by applicant

1. Copies of five years of currently valued loss exhibits with a description of any claims with incurred amounts in excess of \$50,000.
2. Describe remedial action taken as a result of any large claims that have occurred in the last five years.
3. A copy of your current and previous experience modification worksheets; last year's audited payrolls by class and the current year's estimated payrolls by class.
4. If your estimated premium is greater than \$100,000, provide a 5 year payroll history.
5. The most current Audited Financial Statement. If none, then provide a clear copy of your Franchise and Excise Tax Returns.
6. Sales/Marketing brochures, if any and your web site address: _____
7. Employment practices
 - a. List any testing requirements given to job applicants prior to hiring. (drug, physical, mental)
 - b. Do you have written job descriptions? _____ Yes _____ No
 - c. Do you provide health insurance for your employees? _____ Yes _____ No
 - d. If yes to 7 c, what is the waiting period for eligibility? _____
8. Safety Claims Management
 - a. Estimated number of hours allocated to employee safety education and training annually. _____

Representative list of topics addressed in past year: (such as ABC Standard Tool Box talks)

 - b. Do you provide alternative work for injured employees not capable of performing regular duties? _____ Yes _____ No



- c. Do you maintain contact with injured workers and follow up on return-to-work? _____ Yes _____ No
- d. Do you utilize an internal accident investigation form? _____ Yes _____ No

9. Check yes or no as appropriate. Explain any yes answers.

YES NO

- a. Do any employees receive supplemental Benefits in addition to workers' compensation benefits? (Such as 401K) _____
- b. Do you own, operate, or maintain a railroad, or own, lease, operate or repair railroad equipment? _____
- c. Do you own, operate, or lease an airplane or helicopter for the purpose of transportation of employees? _____
- d. Do your operations include wrecking or demolition of structures? _____
- e. Have you been cited for any OSHA violations within the past five years? _____

10. **Employees**

- a. Average Number of Employees
- b. Average size of crew/job
- c. Is your entire labor force comprised of "employees" as opposed to contract or casual labor? Yes No
If no, please explain:

11. Number of owned or leased vehicles

Autos _____ Trucks _____
Tractors _____ Trailers _____

12. Annual Business Volume (Dollars):

Commercial/Industrial Contracting _____
Residential Contracting _____



13. If you are a **supplier** to the contracting industry, please specify the percentage of your work and products which are supplied directly to the commercial/industrial contracting industry?__

14. Are **sub-contractors** used? Yes _____ No _____

If yes, % of annual business volume completed by sub-contractors. _____%

Type of Work:_____

If you use partners/proprietors as sub contractors, and they are not electing workers' compensation coverage, do you still maintain the Department of Labor I 18 Form? (This is a requirement under the ABC WC SIF)_____

15. Are Certificates of Workers Compensation Insurance obtained and on file for all sub-contractors? Yes _____ No _____

Note: The Certificate of Insurance MUST state that coverage applies in TN.

If no, annual % and type work completed by uninsured sub-contractors. _____%

Type of Work:_____


Describe your enforcement of monitoring and maintaining valid and currently dated Certificates of Insurance for all of your jobs?_____


16. Is a **formal safety program** in place: Yes _____ No _____


If yes, outline specific elements of the program: _____

17. Are you in the Assigned Risk Pool now? Yes _____ No _____

18. If you perform work outside of TN, and are required to carry workers' compensation for that out of state work, please note the following:

 ABC WC SIF has arranged with BerkleyNet to provide coverage in other states, subject to certain underwriting requirements

 BerkleyNet has agreed that should anyone covered for WC under the non TN policy choose TN benefits in the event of any injury, then BerkleyNet will pay TN benefits to that injured employee whose payroll was being reported under the other state's policy.

 **If your organization has WC coverage in any other state, ABC WC SIF requires that your carrier come to an agreement with you whereby they will pay TN benefits to the employee for whom they are collecting premiums under a non ABC WC SIF policy when that state's law allows for a choice of benefits and the employee chooses TN benefits over the benefits provided by the other state.**



**Associated Builders and Contractors of Tennessee Workers' Compensation Self Insurance Fund
Notice of Immunity**

I hereby acknowledge that I have been given notice of and agree to accept that pursuant to Tennessee Code Annotated Section 48-58-601, the members of the Board of Trustees for the Associated Builders and Contractors of Tennessee Workers' Compensation Self Insurance Fund (the "Fund") shall be immune from suit arising from the conduct of the affairs of the Fund. Such immunity from suit shall be removed only when such conduct amounts to willful, wanton or gross negligence.

Dated this _____ day of _____ 2 _____

Applicant's Signature

STATE OF TENNESSEE

COUNTY OF _____

Sworn to and subscribed before me this the _____ day of _____ 2 _____

Notary Public

My commission expires: _____