



855 Front Street
 PO Box 4759
 Helena, MT 59604-4759

Customer Service
 (800) 332-6102 or (406) 495-5000
 Fax #: (406) 495-5020

Workers'
 Compensation
 Insurance
 Application

State Fund Mail Room Date

If you have questions, please refer to the application instructions.

Business Information - Mandatory

Applicant Name (Last name, First Name, Middle Initial, if an individual)		Taxpayer Identification #	
Mailing Address (Street or PO Box)		City, State & Zip Code	
List All DBA's (Doing Business As)		Phone Number	
E-mail Address	Years in Business	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co-member-managed <input type="checkbox"/> Limited Liability Co-manager-managed <input type="checkbox"/> Non-Profit Corp <input type="checkbox"/> Other (specify)	
NCCI Risk ID Number (if known)			

Locations - Mandatory

Street, City, County, State, Zip Code – Physical Location #1

Physical Location #2

Physical Location #3

Policy Information - Mandatory

Do you want a policy issued for coverage for your employees on the proposed effective date? Yes No

Do you want a quote before deciding to issue a policy for your employees on the proposed effective date? Yes No

If you choose "Yes" to this option you must notify Montana State Fund if you want a policy issued and the date you want the policy to be effective. A policy will **not** automatically be issued by Montana State Fund.

Proposed Effective Date	Proposed Expiration Date	Other States Locations (States)	Medical Deductible? <input type="checkbox"/> Yes or <input type="checkbox"/> No
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Employer's Liability Limits - Basic limits of \$100,000 Each Accident, \$100,000 Disease-Each Employee, \$500,000 Disease-Policy Limit are included for no additional charge. See instructions for increased limits of liability that are available for additional premium. Enter the desired limits of liability below. If you do not enter limits below, basic limits will be automatically included.

\$ _____ Each Accident	\$ _____ Disease - Each Employee	\$ _____ Disease - Policy Limit
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Preferred Payroll Reporting Frequency (select one):

Annual Semi-Annual Quarterly Monthly

Rating Information - Mandatory

				* Area to be completed by MSF			
State	Loc	Class Code*	Code Description*	Description of Employee Duties	# of Employees		Estimated Annual Payroll
					Full Time	Part Time	

Ownership Information and Coverage Selection - Mandatory

Mandatory: List all names of owners, partners, LLC member/managers or managers, corporate officers or shareholders. Please specify if the individuals are to be included or excluded. **Are any of the persons related?** No Yes **If "Yes" please explain below.**

Names	Title	Ownership %	Duties Performed in MT	Included/ Excluded	Class Code	Elective Coverage Amount
1.						
2.						
3.						
4.						
5.						

Are all owners/officers duties performed in Montana? Yes No List officers/owners who are not residents of MT and/or whose duties are not performed in Montana.

Prior Carrier Information and Loss History – Mandatory

Provide requested information for the past 3-5 years.

Year	Insurance Company & Policy Number	Annual Premium	Experience Mod	# Claims	Cancellation/ Expiration Date	Reason for leaving company

In addition, if prior coverage was with another insurance carrier, please provide a 3-5 year loss run. This can be obtained from your insurance company.

Description of Business Operations - Mandatory

Please provide a description of the entire business operations and products. **Manufacturing** - raw materials, processes, finished product, equipment, and contractors. **Construction** - describe type of work performed, type of structures built, materials used, the trades involved and use of subcontractors or independent contractors. **Farming/Ranching** - acreage, livestock, grain or other produce, machinery, subcontracts. **Service** - type and location. **Stores** - merchandise, deliveries, grocery or convenience, business hours, retail or wholesale, and packaged or fresh meat sales. **Trucking** - type of cargo, interstate or intrastate, type of truck, radius of operation, whether you own the product being transported. **Mining** - underground or surface, type of mineral/ore being extracted. **Drilling** - oil or gas, water, other, such as seismograph, shot-hole. Describe the drilling methods. **Day care & preschools** - day care only, pre-school only, or both. Hours of operation, age of children, types of meals provided. **Gas Stations** - self-service, full service, combined gas station & grocery store. Breakdown receipts between retail and wholesale. **Restaurants** - Describe any delivery services or catering and the frequency done.

General Information - Mandatory

Explain All "Yes" Responses (on page 3)	Y	N	Explain all "Yes" Responses (on page 3)	Y	N
1. Does your business operate an aircraft for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>	11. Is there any volunteer or donated labor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have past, present or discontinued operations involve(d) storing, heating, discharging, applying, disposing, or transporting of hazardous material? (e.g., landfills, wastes, fuel tanks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	12. Any employees with physical handicaps?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any work performed underground or above 15 feet?	<input type="checkbox"/>	<input type="checkbox"/>	13. Do employees travel out of state?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is business engaged in any other type of business or are you a subsidiary of another entity?	<input type="checkbox"/>	<input type="checkbox"/>	14. Are athletic teams sponsored?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are subcontractors used? (If "Yes" give % of work subcontracted.)	<input type="checkbox"/>	<input type="checkbox"/>	15. Are physicals required after offers of employment are made?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any work sublet without certificates of insurance?	<input type="checkbox"/>	<input type="checkbox"/>	16. Any prior coverage declined/cancelled/non-renewed in last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is a written safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>	17. Are employee health plans offered?	<input type="checkbox"/>	<input type="checkbox"/>
8. Any group transportation provided?	<input type="checkbox"/>	<input type="checkbox"/>	18. Is there a labor interchange with any other business/subsidiary?	<input type="checkbox"/>	<input type="checkbox"/>
9. Any employees under 16 or over 60 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	19. Do you lease employees to or from other employers?	<input type="checkbox"/>	<input type="checkbox"/>
10. Any seasonal employees?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do any employees predominantly work at home?	<input type="checkbox"/>	<input type="checkbox"/>

General Information - Mandatory (Continuation from page 2.)

Explain All "Yes" Responses (see below)	Y	N	Explain all "Yes" Responses (see below)	Y	N
21. Any tax liens or bankruptcy within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	24. Are you related to the prior owner? (Not applicable if #23 is "No.")	<input type="checkbox"/>	<input type="checkbox"/>
22. Any undisputed and unpaid workers' compensation premium due from you or any commonly managed or owned enterprises? If "Yes" explain including entity name(s) and policy number(s).	<input type="checkbox"/>	<input type="checkbox"/>	25. Do you have workers' compensation insurance in other states? (If "Yes" please list name(s) and location of operation(s) in other states.)	<input type="checkbox"/>	<input type="checkbox"/>
23. Did you acquire this business from another owner?	<input type="checkbox"/>	<input type="checkbox"/>	26. Will you be hiring Montana residents?	<input type="checkbox"/>	<input type="checkbox"/>

Are you a member of the following?	Y	N	Elective Coverages – please indicate if you need any of the following, subject to State Fund approval.	Y	N
1. MBIA - Montana Building Industry Association	<input type="checkbox"/>	<input type="checkbox"/>	1. Sole Proprietor / Partner / LLC Member Manager	<input type="checkbox"/>	<input type="checkbox"/>
2. MLA - Montana Logging Association	<input type="checkbox"/>	<input type="checkbox"/>	2. Corporate Officer / LLC Manager	<input type="checkbox"/>	<input type="checkbox"/>
3. MCM - Motor Carriers of Montana	<input type="checkbox"/>	<input type="checkbox"/>	3. Dependent family member or spouse	<input type="checkbox"/>	<input type="checkbox"/>
4. MSFAG - Montana State Fund Agriculture Group	<input type="checkbox"/>	<input type="checkbox"/>	4. Household or domestic employee	<input type="checkbox"/>	<input type="checkbox"/>
Check one of the following:			5. Casual employment	<input type="checkbox"/>	<input type="checkbox"/>
• Montana Stockgrowers Association	<input type="checkbox"/>	<input type="checkbox"/>	6. Person working in return for aid or sustenance only	<input type="checkbox"/>	<input type="checkbox"/>
• Montana Organic Association	<input type="checkbox"/>	<input type="checkbox"/>	7. Volunteer worker (including volunteer firefighters and/or EMTs)	<input type="checkbox"/>	<input type="checkbox"/>
• Montana Wool Growers Association	<input type="checkbox"/>	<input type="checkbox"/>	8. Amateur athletic officials	<input type="checkbox"/>	<input type="checkbox"/>
• Montana Grain Growers Association	<input type="checkbox"/>	<input type="checkbox"/>	9. Real estate, securities or insurance salesperson	<input type="checkbox"/>	<input type="checkbox"/>
• Montana Farmers Union	<input type="checkbox"/>	<input type="checkbox"/>	10. Direct home seller of consumer products	<input type="checkbox"/>	<input type="checkbox"/>
• Montana Pork Producers	<input type="checkbox"/>	<input type="checkbox"/>	11. Newspaper carrier / Freelance correspondent	<input type="checkbox"/>	<input type="checkbox"/>
• Montana Farm Bureau	<input type="checkbox"/>	<input type="checkbox"/>	12. Contract, licensed barber or cosmetologist	<input type="checkbox"/>	<input type="checkbox"/>
• Montana Cattlemen's Association	<input type="checkbox"/>	<input type="checkbox"/>	13. Petroleum land professional	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" to any of the above, you should contact your association for more information about our group programs.			14. Licensed jockey, trainer, ass't trainer, exercise or pony person	<input type="checkbox"/>	<input type="checkbox"/>
Do you require certificates of Insurance? If "Yes" list name(s) and address(es) on additional page(s).			15. Non-Montana resident employees	<input type="checkbox"/>	<input type="checkbox"/>
Do you want an accountant/CPA to receive <u>all</u> correspondence regarding your policy? If "Yes" list their name and address.			16. Officers or managers of ditch companies or water users companies	<input type="checkbox"/>	<input type="checkbox"/>
			17. Minister or member of a religious order	<input type="checkbox"/>	<input type="checkbox"/>
			18. Persons providing companionship or respite care	<input type="checkbox"/>	<input type="checkbox"/>
			19. Professional athletes engaged in contact sports	<input type="checkbox"/>	<input type="checkbox"/>
			20. Motor carrier hired by a freight broker or freight forwarder	<input type="checkbox"/>	<input type="checkbox"/>
			21. A musician performing under a written contract	<input type="checkbox"/>	<input type="checkbox"/>

Explain all "Yes" responses (reference item #). If additional space is required, use another page and attach to this application.

An incomplete or unsigned application may cause delays in coverage.

Please complete the entire application, sign it and return the original to
Montana State Fund, PO Box 4759, Helena, MT 59604-4759
 If you have questions, please call a Customer Service Specialist at (800) 332-6102.

I hereby certify that I have read and fully understand the accompanying instructions and have completed this application form to the best of my ability. All the information provided herein is true and correct.

 Authorized Signature

 Print Name

 Title

 Date

 Phone Number