



**Ownership Information & Coverage Selection** ⓘ

List all names of owners, partners, LLC members, LLC managers, corporate officers or shareholders. Please specify your intent to cover or not cover each individual listed.

Full Name	Title	Ownership %	Duties Performed in MT	Covered or Excluded	Class Code	Elective Coverage Amount

Are any of the persons listed above related?  Yes  No If "Yes" please explain:

Are all owners/officers duties performed in Montana?  Yes  No

Owners/officers who are not residents of Montana and whose duties are not performed in Montana are excluded from coverage.

**Prior Insurance Company Information & Claim History** ⓘ

Have you ever had workers' compensation insurance through another company?  Yes  No

If you had coverage in the past 5 years with another insurance company, please provide a minimum of a 3-year Loss History Report (5 years preferred) obtained from your insurance agency or prior insurance company and submit with your application.

**Description of Business Operations** ⓘ

Needed information related to your industry:

Construction: List type of work performed, type of structures built, materials used, the trades involved and use of subcontractors or independent contractors.

Day care and Preschools: List whether day care only, preschool only, or both.

Drilling: List oil or gas, water, other such as seismograph, shot-hole. Describe the drilling methods.

Farming /Ranching: List acreage, livestock, grain or other produce, machinery, subcontracts.

Gas Stations: List whether self-service, full service, combined gas station and grocery store. Breakdown receipts between retail and wholesale.

Manufacturing: List raw materials, processes, finished product, equipment, and contractors.

Mining: List whether underground or surface, and type of mineral/ore being extracted.

Restaurants: List any delivery services or catering and the frequency done.

Service: Describe type and location.

Stores: List merchandise, deliveries, grocery or convenience, business hours, retail or wholesale, and packaged or fresh meat sales.

Trucking: Describe type of cargo, interstate or intrastate, type of truck, radius of operation, and whether you own the product being transported.

Please provide a detailed description of all business operations and products including the industry information noted above:

**General Information** ?

	Y	N		Y	N
1. Does your business operate an aircraft for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>	13. Are physicals required after offers of employment are made?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any work performed underground or above 15 feet?	<input type="checkbox"/>	<input type="checkbox"/>	14. Any prior coverage declined/canceled/non-renewed in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any subcontractors used? (If "Yes" please give % of work subcontracted.)	<input type="checkbox"/>	<input type="checkbox"/>	15. Are employee health plans offered?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any work sublet without certificates of insurance?	<input type="checkbox"/>	<input type="checkbox"/>	16. Is there a labor interchange with any other business/subsidiary?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a written safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you lease employees to or from other employers?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any group transportation provided?	<input type="checkbox"/>	<input type="checkbox"/>	18. Do employees predominantly work at home?	<input type="checkbox"/>	<input type="checkbox"/>
7. Any employees under 16 or over 60 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	19. Will you be hiring Montana residents?	<input type="checkbox"/>	<input type="checkbox"/>
8. Any seasonal employees?	<input type="checkbox"/>	<input type="checkbox"/>	20. Any tax liens or bankruptcy within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there any volunteer or donated labor?	<input type="checkbox"/>	<input type="checkbox"/>	21. Did you acquire this business from another owner?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do employees travel out of state?	<input type="checkbox"/>	<input type="checkbox"/>	22. Are you related to the prior owner? (Not applicable if #23 is "No.")	<input type="checkbox"/>	<input type="checkbox"/>
11. Is this business engaged in any other type of business or are you a subsidiary of another entity?	<input type="checkbox"/>	<input type="checkbox"/>	23. 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"/>
12. Have past, present or discontinued operations involved storing, heating, discharging, applying, disposing, or transporting hazardous material? (e.g., landfills, wastes, fuel tanks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	24. Any undisputed and unpaid workers' compensation premium due from you or any commonly managed or owned enterprises? (If "Yes" please explain including entity name(s) and policy number(s).)	<input type="checkbox"/>	<input type="checkbox"/>

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

**Elective Coverages** Please indicate if you need any of the following, subject to Montana State Fund approval.

	Y	N
1. Sole Proprietor / Partner / LLC Member Manager	<input type="checkbox"/>	<input type="checkbox"/>
2. Corporate Officer / LLC Manager	<input type="checkbox"/>	<input type="checkbox"/>
3. Dependent family member or spouse	<input type="checkbox"/>	<input type="checkbox"/>
4. Household or domestic employee	<input type="checkbox"/>	<input type="checkbox"/>
5. Casual Employment	<input type="checkbox"/>	<input type="checkbox"/>
6. Person working in return for aid or sustenance only	<input type="checkbox"/>	<input type="checkbox"/>
7. Volunteer worker (including volunteer firefighters and/or EMTs)	<input type="checkbox"/>	<input type="checkbox"/>
8. Amateur athletic officials	<input type="checkbox"/>	<input type="checkbox"/>
9. Real estate, securities or insurance salesperson	<input type="checkbox"/>	<input type="checkbox"/>
10. Direct home seller of consumer products	<input type="checkbox"/>	<input type="checkbox"/>

**Elective Coverages** Please indicate if you need any of the following, subject to Montana State Fund approval.

	Y	N
11. Newspaper carrier / Freelance correspondent	<input type="checkbox"/>	<input type="checkbox"/>
12. Contract, licensed barber or cosmetologist	<input type="checkbox"/>	<input type="checkbox"/>
13. Petroleum Land Professional	<input type="checkbox"/>	<input type="checkbox"/>
14. Licensed Jockey, trainer, assistant trainer, exercise or pony person	<input type="checkbox"/>	<input type="checkbox"/>
15. Non-Montana resident employees	<input type="checkbox"/>	<input type="checkbox"/>
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. Motor carrier hired by a freight broker or freight forwarder	<input type="checkbox"/>	<input type="checkbox"/>
20. A musician performing under a written contract	<input type="checkbox"/>	<input type="checkbox"/>

**Do you require Certificates of Insurance?** If "Yes" please list name(s) and address(es) on additional page(s).

**If you are a member of any of the associations below, you should contact your association for more information on our group programs.**

**Do you want an authorized representative such as an accountant/CPA to receive all correspondence regarding your policy?** If yes, please list their name and address in the space provided. You will not receive correspondence at any other address.

- MBIA- Montana Building Industry Association
- MLA- Montana Logging Association
- MCM- Motor Carriers of Montana
- MSFAG- Montana State Fund Agriculture Group (*Montana Stockgrowers Association, Montana Organic Association, Montana Woolgrowers Association, Montana Grain Growers Association, Montana Park Producers, Montana Farm Bureau, or Montana Cattlemen's Association*)

**Signature** ?

I hereby certify that I have been given authority to secure workers' compensation insurance by the business owner. 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. (If this application is being submitted by an agent, the agent is the authorized signatory below.)

Print Signatory Name

Title of Signatory

Phone Number

Electronic Signature / Signature

Authorized Signature

Date

**Submitting the Application** ?

Please complete the entire application, sign and return via:

Email: [stfpolicy@safemt.gov](mailto:stfpolicy@safemt.gov)

Fax: 406-495-5020

US Mail: Montana State Fund, P.O. Box 4759, Helena, MT 59604-4759

Please note: If you have any questions please contact a Customer Service Specialist at 800-332-6102. An incomplete application may cause delays in coverage.