



183 Leader Heights Road
 P.O. Box 2726
 York, PA 17405
 800.233.1957 or 717.741.0911
 Fax: 717.747.7021

Please return completed application to: wcsubmissions@glatfelterpublicentities.com

WATER/WATER RELATED DISTRICTS & MISCELLANEOUS PUBLIC ENTITIES

Workers' Compensation Supplemental Application

I. APPLICANT INFORMATION

Applicant Name:

Mailing Address:

Website:

Email:

FEIN:

Policy Effective Date:

Phone Number:

Inspection and Insurance Contact Name:

Phone Number:

Type of Entity:

- | | | |
|----------------------------|-------------------------------|------------------------------------|
| Backflow Operator | Irrigation District | Senior Service Center |
| Cemetery District | Library District | Sewer District |
| Community Service District | Memorial District | Soil & Water Conservation District |
| Contract Water Operator | Mutual Water Company | Water District |
| Extension Service District | Parking Authority or District | Other |

Please list all Additional Insured names, operations, addresses, and number of employees at each location (if any):

- a.
- b.
- c.

II. STAFFING

Total number of employees:

- | | |
|--|--------------------------|
| Board Members, Public Officials, Directors or Officers | Full-Time Paid Employees |
| Temporary or Seasonal Workers | Part-Time Paid Employees |
| Volunteers (do not include volunteer board members) | |

Employee annual turnover rate: %

Hiring and employment practices:

- | | | | | | |
|-----|----|---------------------------------|-----|----|---------------------------|
| Yes | No | Pre-hire physicals | Yes | No | Criminal background check |
| Yes | No | Employment history verification | Yes | No | MVR checks |
| Yes | No | Reference checks | Yes | No | Written application |
| Yes | No | Pre-hire drug screen | Yes | No | Baseline Hearing tests |

Are there regularly scheduled in-service trainings for all employees? Yes No

Group medical provided to all employees? Yes No

If no, explain:

Is there formal screening/orientation process for volunteers? Yes No

Are background checks conducted on all volunteers? Yes No

Does the entity lease any employees? Yes No

If yes, please describe:

Do you have any foreign trips planned for the upcoming year? Yes No

If yes, to where:

Does the entity provide employees or equipment to any local government? Yes No

If no, explain:

III. RISK MANAGEMENT

- Yes No Employee Orientation and Training Describe:
- Yes No Successful return to work program Describe:
- Yes No Written safety program Describe:
- Yes No Routine maintenance program Describe:
- Yes No Formal Safety meetings How often:
- Yes No Accident/Injury investigation Describe:
- Yes No Post-accident drug testing Describe:
- Yes No Substance abuse policy Describe:
- Yes No Ergonomics Describe:
- Yes No Written contracts when using subcontractors
- Yes No Require subcontractor to carry Workers' Compensation coverage
- Yes No Does the entity utilize a uniform written contract for all subcontractors?
 If "Yes," check items that are included:
 Additional Insured Status on a Primary and Non-Contributory Basis
 Hold Harmless wording
 Defense and Indemnification wording

Driver policies for:

Yes No Alcohol/Drug use Yes No Seat belt use Yes No Distracted driving

Describe any other formal or informal risk management controls:

IV. EXPOSURES & CONTROLS

Do the following exposures exist? Are there any controls in place?

		EXPOSURE	CONTROLS	
Yes	No	Back injury	Yes	No
		Describe:		
Yes	No	Auto	Yes	No
		Describe:		
Yes	No	Slips, trips, & falls	Yes	No
		Describe:		
Yes	No	Confined Space	Yes	No
		Describe:		
Yes	No	Repetitive motion	Yes	No
		Describe:		
Yes	No	Chemical exposure	Yes	No
		Describe:		
Yes	No	Trenching safety	Yes	No
		Describe:		
Yes	No	Fall protection	Yes	No
		Describe Height Exposure and protection:		
Yes	No	Personal protective equipment	Yes	No
		Describe:		

Yes	No	Material handling	Yes	No
Describe:				
Yes	No	Lockout/Tagout	Yes	No
Describe:				
Yes	No	MSDS/Hazardous materials	Yes	No
Describe:				

FRAUD WARNING NOTICE – PLEASE READ CAREFULLY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District Of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kansas	Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance that such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent act, which may be a crime, and may subject such person to criminal and civil penalties.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Vermont	Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

V. APPLICATION CHECKLIST

COMPLETED SUPPLEMENTAL APPLICATION AND ACORD 130 APPLICATION

SIGNATURES ON APPLICATIONS WHERE REQUIRED

5 YEARS OF CURRENTLY VALUED CARRIER LOSS RUNS, INCLUDING LOSS DETAILS OF ANY LOSS OVER \$25,000

NUMBER OF EMPLOYEES BY LOCATION

I CERTIFY THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Your signature below acknowledges that you have read the General Fraud Warning Notice and the State Specific Fraud Warning Notice that applies to your state of domicile.

The undersigned is an authorized representative of the applicant and certifies the information provided to obtain this coverage is accurate to the best of their knowledge. This includes any applications and loss history information.

SIGNATURE OF PROPOSED INSURED

TITLE

DATE

SIGNATURE OF PROPOSED AGENT

TITLE

DATE