Do you have? (Please check below)	**THE COMP SOLUTIONS NETWORK**	***Type of Proposals Requested:***
( ) LIFE & HEALTH LICENSE	**"Fax-A-Quote"**	❒ *Occupational Accident No Legal*
( ) PROPERTY/CASUALTY LICENSE	**For Occupational Accident Programs (Non-Subscriber Programs)**	❒ *Occupational Accident With Legal Included*
( ) E &O COVERAGE		

Please fax this completed form, your inforce insurance license(s), and Errors & Omissions dec page to: The Comp Solutions Network FAX 713-690-8484
For assistance, please call **Jessie Sanchez at 713-690-3500 Ext 42** or (800) 256-8035

Applicant Name _____ Requested Effective Date_____

Address _____ Nature of Business _____.

Number of years in business: _____Tax ID# _____ DOT# _____

Has worker's comp or occupational accident coverage ever been canceled, refused or non-renewed? ❒ Yes ❒ No If Yes, please explain: _____

Business Type: ❒ Corporation ❒ Partnership ❒ Other: _____ Is applicant subject to LPG or TxDOT Regulations? ❒Yes ☑ No

Within what radius does applicant hauled? _____Equipment Type:_____

Does applicant handle, store, or engage in transport of hazardous materials (including but not limited to explosive, caustic, poisonous or flammable materials)? ❒ Yes ❒ No. If Yes, please explain:_____

Please specify commodities hauled:_____ Are all employees and Contract labor based in Texas? ❒ yes ❒ No

What percentage of loads are manually loaded or unloaded *(use 0% if no manual (un)loading)*?_____% Loaded _____% Unloaded

What percentage of loads is tarped and/or strapped? _____ % tarped _____ % Strapped _____ %

Does applicant perform any work at heights over 15 ft.? ❒ Yes ❒ No. If Yes, please explain: _____

Are Owners, Officers or Partners to be covered? ❒Yes ❒ No. Any affiliate companies to be covered? ❒ Yes ❒ No. If yes, please provide Legal Name, Address and number of employees at each location.

Do you contract companies that may have employees or contract labor working for them? ❒ Yes ☑ No. If yes, please explain on separate sheet.

# of Full-Time EES	# of Full-Time 1099	# of Part-Time EES	# of Part-Time 1099	Classification Code	Classification or Description

Total Number of Employees_____ Current Worker's Comp or Accident Premium $_____

Benefits to be Quoted: Waiver of Subrogation? ❒ Yes ❒ No
Increase Weekly Income benefit to $850? ❒ Yes ❒ No
Occupational Disease & Cumulative Trauma? ❒ Yes ❒ No
Additional Passenger? ❒ Yes ❒ No

CTD (to full retirement age?) ❒ Yes ❒ No
Alternate Employer Endorsement ❒ Yes ❒ No
Additional AD&D ($150,000 incl) ❒ $250,000

CSL Benefit: $_____Deductible: $_____ Benefit Period: 110 wks Elimination Period: & Days (Weekly Indemnity 70% up to $600)

($1,000,000 or $2,000,000 CSL) ($0 - $100,000 deductible)

Please submit 3 years loss history below: Valuation Date of loss information: _____

Year	Carrier	Total Losses	Description of Each Loss in Excess of $5,000 (Use separate sheet if necessary)

• If this applicant (or affiliate) been in the Texas Workers' Compensation System in the last 3 years? If yes, have they had an experience modification factor of 1.500% or higher?	❒ Yes ❒ No ❒ Yes ❒ No
• Has the applicant (or affiliate) ever had an Employer's Liability claim?	❒ Yes ❒ No
• Has the applicant (or affiliate) ever had an Occupational Disease (e.g. Black Lung, silicosis, lead poisoning, cancer, etc.) or Cumulative Trauma (e.g. carpal tunnel, stress, etc.) claim?	❒ Yes ❒ No
• Does the applicant have a Safety Program? ❒ Yes ❒ No Do you conduct random drug test?	❒ Yes ❒ No

If the answer to #2 or #3 is YES, please give a complete descriptions, dates, and amounts of claims on a separate sheet.

Agent and Applicant hereby acknowledge that: (a) all answers and statements contained herein, including any attached data, are true and complete; (b) Insurer will rely solely on the information provided in this Fax-A-Quote, along with any attached data, in considering whether to provide the requested insurance coverage; and (c) this Fax-A-Quote shall become a part of the Policy should coverage be bound.

Agent/ Print: _____ **Phone:** _____

Address: _____ **Fax:** _____

Agent Signature: X_____ **Applicant Signature: X**_____

Fax-A-Quote (Rev. 10/03)