MARINE AGENCY CORPORATION **WORKERS' COMPENSATION**
191 Maplewood Avenue, Maplewood New Jersey 07040
phone: 800-763-4775 fax: 973-763-1635 internet: www.marineagency.com

GENERAL INFORMATION

1 Applicant Name: _____
2 Mailing Address: _____
City, State, and Zip Code: _____
3 Phone: _____ Fax: _____ Email: _____
4 Type of Ownership: ❑ Corporation ❑ Partnership ❑ Sole Proprietor ❑ Not for Profit ❑ LLC
5 List any other business names used by Applicant: _____
6 Tax identification number (could be either FEIN or social security number): _____
7 Please provide a complete description of your business activities: _____
_____

PAYROLL INFORMATION

1 For all owners of business, please provide:

Name	Title	% Ownership	Describe Duties	Annual salary
_____	_____	_____	_____	$_____
_____	_____	_____	_____	$_____
_____	_____	_____	_____	$_____

2 How many FULL TIME employees? _____
3 How many PART TIME employees? _____
4 How many independent contractors ? (if none, state none) _____
5 Estimated TOTAL annual payroll (excluding business owners listed above): $_____

PRIOR COVERAGE INFORMATION

1 Has any prior workers' compensation policy cancelled for nonpayment of premium? ❑ Yes ❑ No
2 Have you carried workers' compensation insurance before? ❑ Yes ❑ No

If yes, please provide the following information for the last three years of coverage:

Ins Co Name	Policy #	Expiration Date	Payroll Estimate Used	Annual Premium
_____	_____	_____	$ _____	$_____
_____	_____	_____	$ _____	$_____
_____	_____	_____	$ _____	$_____

If yes, please attach a complete description of all workers' compensation claims during the past five years.

If no, please read and sign the following no coverage / no losses statement as follows:

We have not previously had workers' compensation coverage. There have been no prior workers' compensation claims. There have been no prior on-the-job injuries or diseases that would have been a workers' compensation claim (if there had been coverage).

SIGNED: X _____

FRAUD WARNINGS

NOTICE TO APPLICANTS: 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signed: _____
(Applicant)

Date: _____ _____

Producer Name, Address and License Number: ____
_____

Signature of Agent/Date: _____