

Domestic Workers Program Exclusively from Omega

We have an exclusive program with AmTrust writing true domestic workers. There are two classes covering all workers regardless of their duties (nanny, housecleaning, cook, etc.).

These classes are not like other WC class where the rate is charged per \$100 earned. They are flat rate based as follows:

0908 (for workers who work 19 or less weekly hours)

0913 (for workers who work 20 or more weekly hours)

All personal care giver domestic exposures - This aspect is only available in FL (employees who offer companion care, home health, personal assistance, etc.) (in FL the Consent to Rate for this exposure will be 75%)

All quotes will be quoted with increased limits to 1M for Employer's Liability.

Audits are unique. Since the classes are flat fee and not payroll driven, we will ask you as the agent to help us conduct a simple one page form as an audit to confirm the # of employees by class for last and expected for next 12 months. This will give you a reason to visit with your high value clients.

- Please submit completed WC ACORD with appropriate **supplemental**. If they have no prior, we can still consider them. If they have prior, we will need loss runs. If a lapse, they too can be considered with a signed no loss letter.
- If they are currently in an assigned risk pool, keep in mind that they can generally be moved without penalty at any time.
- If they have prior with a loss ratio over 40% it will be declined for this program.

For this program, pay plan is strictly annual pay.

The following are not eligible in our domestic workers program:

- Pilots or other workers exposed to regular flying while on duty
- Yacht or vessel workers or any exposed to regular boat travel while on duty
- Employees with equine exposure.
- **Personal Caregivers or Home Health employees unless it is in Florida**
- **Domestic accounts filed under a corporation or LLC unless it is a Trust or the entity is set up solely to manage and pay the domestic employees.**

The Domestic program is not available for risks domiciled in AK, HI, CA, NY, NJ, MA, SC, OK, WA, OH, WY, ND

Please complete the attached supplemental and submit along with a completed Workers Comp ACORD.

See next page for supplemental

Description of operations

Client or Trust Name: _____

1. How many part time employees (works 19 or less hours a week) (code is 0908)?
2. How many full time employees (works 20 or more hours a week) (code is 0913)?
- 3 Check all that apply for job duties for employees:

Maid Cook/Chef Gardener Chauffeur Nanny Other

If Other please give specific other duties:

Employee Information:

1. Does the insured provide Medical Benefits? yes no
Percentage employer pays: ___% Percentage employee's participating: ____%
2. Percentage of annual turnover? _____%
3. Does insured take applications for potential employees? yes no
4. Does insured check potential employee references? yes no
5. Does insured require pre-hire physicals? yes no
6. Does insured require pre-hire drug testing or post hire drug testing? yes no
7. Any exterior window washing above ground? yes no
8. Does the risk conduct any hazard material removal/clean-up? yes no
9. Does the risk conduct any exterior pressure cleaning wall or rooftop yes no
10. Does the risk conduct any exterior pressure cleaning wall or rooftop yes no
11. How many employees live on the premises? _____
12. Are any of the employees used as captains or drivers on any vessel over water? yes no
13. Are employees also working elsewhere? yes no If yes, please advise where and what they do and if their employer has workers comp coverage.

Company/Homeowner Operated Vehicles:

1. Number of drivers? _____
2. Number of employees in same vehicle? _____
2. Radius of operations: _____
3. Are motor vehicle records checked? yes no
4. Number of Autos: _____
 - A. If no company operated vehicles,
 - a. how many employees travel together _____
 - b. Are MVR's checked for all drivers? yes no

Underwriting Questions:

Does the applicant use uninsured subcontractors, casual labor, day labor or do they intend

to cover uninsured subcontractors under this policy? yes no

Does the applicant or any officer own, operate, borrow or lease (1) any aircraft or (2) watercraft exceeding 25 feet in length? yes no

Does the applicant transport more than 5 employees per vehicle to and/or from work or jobsites on a regular basis? yes no

Do/Have past or present operations involve(d) storing, discharging, applying, disposing or transporting hazardous materials which in concentration are/have been determined to be dangerous to life and health? yes no

Any work performed underground, above 15 feet or on barges, docks or bridges? yes no

Is applicant engaged in any other type of business? yes no

Any employees under 16 or over 60 years of age? yes no

Has or does the applicant intend to file for bankruptcy? yes no

Is current coverage provided by a Professional Employer Organization (PEO) or Self Insured Fund/Trust/Group? yes no

Does the applicant lease or temporarily assign employees to other employers? yes no

Any employees with Physical Handicaps? yes no

Any other insurance with this Insurer? yes no

Any undisputed or unpaid WC Premiums due from you or other enterprise? yes no

Does the applicant currently have workers compensation coverage in force? yes no

Is this a new venture or is the applicant hiring employee(s) for the first time? yes no

Are any employees required to work with horses for any reason?
yes no

If Risk is an Entity:

If this risk is under an entity rather than the name of the individual, please advise what other services this entities offers? _____

Are there any employees working for the entity that are not domestic employees working in the home? Yes No

If none, will the client agree to advise the carrier immediately if they do hire employees for any work other than domestic purposes at the home? Yes No

The applicant warrants and represents to the insurer that the information entered in this supplemental application is true and correct. The applicant acknowledges that the information presented herein is material to the decision of the insurance company to issue a policy, and that this issuance of a policy by the insurer is in reliance upon the sufficiency and accuracy of the information by the applicant in this supplemental application. **MUST BE SIGNED TO BIND.**

Authorized Representative: _____
Print Name

Signature: _____ Date: _____