

We have an exclusive program with multiple carriers 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:

These classes are not like other WC class where the rate follows: (CA, PA, and DE have unique classes)

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

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

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

Also available (in select states): Domestic Caregivers - All personal care giver domestic exposures (employees who offer companion care, home health, personal assistance, etc.)

- 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.

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
- The Domestic program is not available for risks domiciled in AK, HI, NJ, MA, WA OH, WY, ND
- Ranch hands or any exposure to equine training or care.
- Au Pairs or live-in exposure unless they have separate living quarters with shift work and not on call 24/7.

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

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 advise details of job 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 of rooftop yes no
10. How many employees live on the premises? _____
11. Are any of the employees used as captains or drivers on any vessel over water? yes no
12. 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? _____
3. Radius of operations: _____
4. Are motor vehicle records checked? yes no
5. 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

See next page

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 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.**

Insured or Authorized Representative: _____
Print Name

Signature: _____ Date: _____