



11017 COBBLEROCK DR., SUITE 100
 RANCHO CORDOVA, CA 95670
 (800) 388-WASH (9274)
 LICENSE # OB48048

WORKERS' COMPENSATION
Applicant Information Form

APPLICANT NAME & MAILING ADDRESS

Name _____
 Street _____
 City _____ State _____ Zip _____

BUSINESS INFORMATION

Individual Partnership Corporation Other _____
 Yrs. in Business _____ Fed. Tax. I.D. # _____
 Effective Date _____ Expiration Date _____
 of Coverage _____ mm/dd/yy
 Normal Anniversary Date _____
 (Explain in "REMARKS" if different from Eff. Date)

Provide insurance company loss runs for the past 5 years and use the "REMARKS" section for loss details. Previous insurance company loss experience is required prior to binding.

LOCATIONS

1. Street _____ City _____ County _____ State _____ Zip _____
2. _____
3. _____

RATING INFORMATION

Class Code	Categories, Duties, Classification	# of Employees		Est. Annual Payroll
		Full Time	Part Time	
8387	Carwash			
8810	Clerical, separate office			

OWNERSHIP INFORMATION: PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED/EXCLUDED

(Payroll to be included, must be part of rating information section. Use a separate sheet for additional information if necessary.)

1. Name _____ Age _____ Title/Relationship _____ %Owner _____ Duties _____ Incl./Excl. Payroll _____
2. _____
3. _____
4. _____

PREVIOUS INSURANCE INFORMATION

Policy Period From	Policy Period To	Company	Policy #	Annual Premium	Exp. Mod.	# Claims	Amt. Paid	Reserve	Total

DESCRIPTION OF OPERATIONS

Full Service Roll Over Self Service Gift Shop Gasoline Other _____ Expiration Date of Property & Liability Insurance _____

GENERAL INFORMATION: Please provide all the required details for "Yes" responses by using the "REMARKS" area below. Use a separate sheet if necessary.

1. Is applicant engaged in any other type of business? Yes No
2. Any employee under 16 or over 65 years of age? Yes No
3. Any volunteer or donated labor? Yes No
4. Is a formal safety program in operation? Yes No
5. Are employee health plans provided? Yes No
6. Does applicant own, operate or lease aircraft/watercraft? Yes No
7. Any athletic teams sponsored? (If yes, give details.) Yes No
8. Any prior coverage declined/cancelled/non-renewed (last 5 years)? Yes No
9. Are you currently a Western Carwash Association member? Yes No
10. If not a member, then did you attach a WCA Membership app.? Yes No

CONTACT PERSON

Name _____ Title/Relationship _____ Telephone # / Fax # _____

REMARKS

Applicant Signature _____ Title _____ Date _____
 Officer / Managing Partner