



Indiana Public Employers' Plan, Inc (IPEP)

ITEMS NEEDED WITH SUBMISSION:

- ***Entity Information per attached underwriting survey, including Submitting Agency, Proposed Effective Date, Bid Date and Expiring Premium***
- ***Current and 3 prior year loss runs***
- ***If Rostered Volunteer coverage is requested, the Rostered Volunteer Addendum and Roster Form will be required if coverage is placed (attached)***



Health and Workers Compensation

INDIANA PUBLIC EMPLOYERS' PLAN, INC.

UNDERWRITING SURVEY

Name of Entity _____

Address _____

_____ County _____

Contact Person for Loss Control _____

Title _____ Phone _____

Contact Person for Claims _____

Title _____ Phone _____

Proposed Effective Date _____ Expiring Premium _____

Federal ID # _____ Risk ID # _____

Current Carrier _____ Assigned Risk? Yes _____ No _____

Experience Mod _____ Mod Effective Date _____

Agency _____ Phone _____

Producer _____ Fax _____

Address _____

Please provide the following:

- Carrier loss runs valued within the last three months for current and 3-years prior.
- Need by date for quote.

Applicant's Signature

Date

Producer's Signature

RATING INFORMATION

<u>Class Code</u>	<u>Classification</u>	<u>Estimated Payroll</u>
5506	Street or Road Construction, Paving	_____
6217	Excavation	_____
6306	Sewer Construction	_____
7380	Drivers	_____
7423	Airport/Aircraft	_____
7502	Gas Works	_____
7520	Waterworks Operation & Driver	_____
#7539	Electric	_____
7580	Sewage Disposal Plant & Drivers	_____
7610	Dispatchers	_____
7699	Firefighters-Med Only Paid Staff (PERF)	_____
7705	Ambulance	_____
7705	Ambulance – Volunteers	_____
7710	Firefighters & Drivers	_____
7711	Firefighters-Med Only Volunteers	_____
7720	Police Officers & Drivers	_____
7725	Police Officers-Med Only	_____
7732	Police Reserves # Reserves _____	_____
8380	Auto Service	_____
8601	Surveyor/Engineer	_____
8742	Executive Directors/Solid Waste	_____
8810	Clerical Office Employees NOC	_____
8820	Attorney	_____
8829	County Home	_____

RATING INFORMATION (continued)

<u>Class Code</u>	<u>Classification</u>	<u>Estimated Payroll</u>
8831	Hospital Veterinary	_____
8832	Physician	_____
8833	Hospital Professional	_____
8835	Home Health Nursing	_____
8868	School Professional	_____
9015	Buildings NOC	_____
9033	Housing Authority	_____
9040	Hospital/Sanitarium-Other	_____
9058	Commissary Work	_____
9060	Country/Golf Club	_____
9101	School Other	_____
9102	Park NOC-All Employees	_____
9220	Cemetery	_____
9402	Sewer/Street Cleaning	_____
9403	Garbage Collection & Drivers	_____
9410	Municipal, Township, County or State Employees NOC	_____
7698	Rostered Volunteers	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Estimated Annual Payroll		_____

- # Complete Supplemental Application

Special Exposures: Check the appropriate line that reflects the actual and/or anticipated exposures of the entity. (Provide details on "Yes" responses on page 5)

	Yes	No
1. Does applicant own, lease or charter any Aircraft or Watercraft?	_____	_____
2. Does applicant own or operate an airport?	_____	_____
3. Any work performed on Barges, Vessels, or Docks?	_____	_____
4. Does applicant own, maintain or repair railroads?	_____	_____
5. Any exposure to federal coverage, such as Jones Act, U.S.L. & H. or F.E.L.A.?	_____	_____
6. Do employees travel out of state or country on a regular basis?	_____	_____
7. Any exposure to occupational disease? (Includes asbestos, silica, dusts, toxic, injurious or hazardous chemicals, caustics, fumes, radiation, communicable diseases and other odd exposures)	_____	_____
8. Does applicant own or operate a gas utility?	_____	_____
If yes, do employees lay pipe or do hook-ups?	_____	_____
9. Any work performed underground or above 15 ft?	_____	_____
10. Any group transportation furnished?	_____	_____
11. Any exposure to burns other than firefighters?	_____	_____
12. Any part time or seasonal employees?	_____	_____
13. Any volunteer or donated labor?	_____	_____
14. Any citations for OSHA violations?	_____	_____
15. Any substantial changes in operations that are planned or have taken place in the past 5 years?	_____	_____
16. Are certificates of insurance required from all contractors doing work for applicant?	_____	_____

Supplemental Application: ELECTRICAL EXPOSURE

(use only when electrical exposure is present)

Date: _____

Entity Name: _____

Contact Name: _____

Phone: (____) _____ Fax: (____) _____

1. Is any electrical power generated? _____

If so, what % of total? _____

2. If power is purchased, indicate supplier and % purchased.

3. Do employees do any construction of electrical power lines? _____

If yes, please explain: _____

4. Do employees do servicing and repairs of existing lines? _____

If yes, please explain: _____

5. Total number of customers: _____

6. Total number of payroll for classification: \$ _____

7. Total amount of clerical payroll included above: \$ _____

Additional comments: _____
