



WEXFORD UNDERWRITING MANAGERS, INC.

EXCLUSIVE UNDERWRITERS FOR CONTINENTAL CASUALTY COMPANY, ONE OF THE CNA INSURANCE COMPANIES
APPLICATION FOR EXCESS WORKERS COMPENSATION

APPLICANT'S NAME (EXACT NAME TO APPEAR ON CONTRACT); INCLUDE ALL SUBSIDIARIES TO BE COVERED

ADDRESS

DESCRIPTION OF OPERATIONS OF ALL NAMED INSUREDS (PLEASE ATTACH LATEST ANNUAL REPORT/10K IF AVAILABLE.)

STATES IN WHICH THE APPLICANT IS QUALIFIED FOR SELF-INSURANCE

ATTACH LIST OF ALL LOCATIONS TO BE COVERED.

PRESENT PROGRAM

CARRIER EXPIRATION

SPECIFIC LIMITS WC EL RETENTION

RATE PREMIUM EXTENSIONS (IF ANY; SEE SPECIAL EXPOSURES.)

DESIRED PROGRAM

SPECIFIC LIMITS WC EL RETENTION

RATE PREMIUM EXTENSIONS (IF ANY; SEE SPECIAL EXPOSURES.)

ALTERNATE PROGRAM QUOTE NEEDED BY

RATING INFORMATION (ATTACH SEPARATE PAGE IF NECESSARY.)

EFFECTIVE DATE OF MANUAL RATES USED

Table with 7 columns: STATE, CODE NO., CLASSIFICATION, NO. OF EMPLOYEES, ESTIMATED GROSS ANNUAL PAYROLL, MANUAL RATE, MANUAL PREMIUM

PLEASE PROVIDE DESCRIPTION OF ALL LOSSES IN EXCESS OF \$100,000.*

| STATE | DATE OF LOSS | NUMBER OF EMPLOYEES INVOLVED | DESCRIPTION OF LOSS | INDEMNITY INCURRED | MEDICAL INCURRED | TOTAL INCURRED |
|-------|--------------|------------------------------|---------------------|--------------------|------------------|----------------|
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LARGE LOSS EXPERIENCE

*ALL INDIVIDUAL INCURRED LOSSES GREATER THAN \$100,000 MUST INCLUDE THE FOLLOWING INFORMATION:

- CLAIMANT'S NAME/DATE OF BIRTH/BENEFIT LEVEL/DESCRIPTION OF INJURY
- PAID AMOUNT/OUTSTANDING RESERVE/TOTAL INCURRED
- DATE OF LOSS/DESCRIPTION OF OCCURRENCE

SPECIAL EXPOSURES

YES

NO

- A) OCCUPATIONAL DISEASE EXPOSURE _____
- B) USL&H _____
- C) JONES ACT/OWNED WATERCRAFT (IF YES, PLEASE COMPLETE ENCLOSED QUESTIONNAIRE.) _____
- D) OWNED, LEASED OR CHARTERED AIRCRAFT (IF YES, PLEASE COMPLETE ENCLOSED QUESTIONNAIRE.) _____
- E) DOES APPLICANT HAVE ANY FOREIGN OPERATIONS OR EMPLOYEES WHO TRAVEL TO FOREIGN COUNTRIES? _____
- F) IS THE APPLICANT ENGAGED IN MANUFACTURING, PRODUCING, REFINING, STORING, DISTRIBUTING, OR TRANSPORTING GASES, GASOLINE, OR FLAMMABLES? _____
- G) IS APPLICANT ENGAGED IN MANUFACTURING, HANDLING, TRANSPORTING, DISTRIBUTING, OR STORING EXPLOSIVES OR EXPLOSIVE SUBSTANCES? _____
- H) DOES APPLICANT PERFORM ANY UNDERGROUND, SUBAQUEOUS, OR TUNNELING OPERATIONS? _____
- I) DO THE OPERATIONS OF THE APPLICANT INVOLVE EXPOSURE TO HEIGHTS? _____
- J) DO THE OPERATIONS OF THE APPLICANT INCLUDE VOLUNTEER OR DONATED LABOR? _____
- K) HAS THE APPLICANT EVER BEEN CITED FOR ANY OSHA VIOLATIONS? _____
- L) DOES APPLICANT PROVIDE ANY EMPLOYEE TRANSPORTATION? _____

(IF YES TO ANY OF THE ABOVE, PLEASE ENCLOSE DETAILED INFORMATION.)

COMPLETE THE FOLLOWING INFORMATION ON OWNED OR LEASED VEHICLES:

- A. NUMBER OF: PASSENGER CARS _____ TRUCKS _____ TRACTORS _____
- B. NUMBER OF COMMERCIAL VEHICLES OWNED: BY APPLICANT _____ BY OWNER/OPERATOR _____
- C. IS APPLICANT RESPONSIBLE FOR W.C. COVERAGE ON OWNER/OPERATORS? YES NO
 IF NO, DOES APPLICANT OBTAIN CERTIFICATE OF W.C. INSURANCE FROM SUCH OPERATOR? _____
- D. WITH RESPECT TO COMMERCIAL VEHICLES:
1. STATES IN WHICH VEHICLES OPERATE _____
2. AVERAGE NUMBER OF PERSONS IN EACH UNIT _____

COMPLETION OF THIS APPLICATION CREATES NO OBLIGATION UPON THE APPLICANT TO ACCEPT INSURANCE OR UPON THE MANAGER TO OFFER SUCH INSURANCE; HOWEVER, IN THE EVENT THAT SUCH IS ACCEPTED BY THE APPLICANT OR THAT IT IS ISSUED BY THE MANAGER, THIS APPLICATION WILL FORM THE BASIS FOR THAT ACCEPTANCE AND ISSUANCE.

COMPANY _____ NAME _____
ADDRESS _____ TITLE _____
DATE _____ SIGNATURE _____

WEXFORD UNDERWRITING MANAGERS, INC.

SAN FRANCISCO OFFICE:
101 CALIFORNIA STREET, SUITE 2800
SAN FRANCISCO, CA 94111
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AIRCRAFT/WATERCRAFT SUPPLEMENTAL QUESTIONNAIRE

NAME OF APPLICANT (AS SHOWN ON SELF-INSURANCE PERMIT.) _____

AIRCRAFT

Table with 7 columns: HANGAR LOCATION, TYPE OF A/C (MODEL NO.), REGISTRATION NUMBER, SEATING (CREW/PASS), RANGE (MILES), HOURS FLOWN (PER MONTH), NO. OF OPERATIONS (PER MONTH)

WATERCRAFT

Table with 6 columns: VESSEL (YEAR/LOA/TYPE), BERTHING LOCATION, SAIL OR POWER (ENGINE SIZE), CAPACITY (CREW/PASS, CARGO), RANGE (MILES), HOURS USED (PER MONTH)

PILOT OR MASTER/MATE QUALIFICATIONS

Table with 6 columns: NAME, AGE, REMUNERATION, LICENSES (& RATINGS) HELD, EXPERIENCE TOTAL/IN TYPE, DATE OF LAST PHYSICAL

DESCRIBE THE USE OF AIRCRAFT/WATERCRAFT (INCLUDING ANY FREQUENTLY TRAVELED ROUTES.) _____

DESCRIBE ANY ACCIDENTS INVOLVING THE USE OF AIRCRAFT/WATERCRAFT (EVEN IF THERE WERE NO EMPLOYEES INJURED) DURING THE LAST FIVE YEARS _____

DESCRIBE THE PRIMARY INSURANCE, IF ANY, ON THE APPLICANT'S WATERCRAFT. IF EXCESS COVERAGE IS DESIRED, INCLUDE A COPY OF THE POLICY(IES) _____

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