

Dairy Application KLA Risk Management Services, Inc.

6031 SW 37th St. • Topeka, KS 66614 • (785) 273-5115

Self-Insured Workers' Compensation Application (Please type or print)

Date of Application Applicant Name Address City, State, Zip **Contact Person Telephone Number Employer ID Number** What is Your Current Experience Modification Factor Who is Your Current Work Comp Carrier____ When Does Your Current Policy Expire____ Are You in the Assigned Risk Pool? Yes____ No If you operate Auxiliary Services other than Dairy Operations, list these operations and their addresses if different than above: 1) 2) 3) 1. List Key Management People: (Manager, Assistant Manager, Foremen) Name Description **Years of Management** Experience at **Current Dairy** A. Has any owner opted out of workers compensation insurance by signing the proper exclusionary If so, please provide a copy of the form. form? Yes____ No____

	A.	Is there a:	Safety Man	uai	Yes	NO _					
			Training Ma	inual	Yes	No _					
			Safety/Trair	ning Program	Yes	No _					
	В.	Number of En	Number of Employees: Full-Time				Part-Time				
	C.	Number of En	Number of Employees Under Age Sixteen (16):								
	D.	Number of En	Number of Employees Over Age Sixty (60):								
	Describe Duties Performed by Employees in C and D:										
	E.					No _					
	F.			employees wn		craft on compan	y business	(except for			
	G.	Does the ope	ration have a d	rug and alcohol	testing pro	ogram in place?	Yes	No			
3.	The n	II Exposure: nost common pa fications, please	ayroll classifica	ations for dairy onal space prov	operations	s are listed belo	ow. If you	have other			
3.	The n classi ***If a minim	nost common pa	use the additional also a Corpora	onal space prov ate Officer of t	rided. he compar	ny, his or her p	ayroll is sı	ubject to a			
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Class 8810 0036	The n classi ***If a minim report	nost common pa fications, please an employee is num of \$44,200 ting purposes.	e use the additionals and a Corpora per year (\$850 Classifical Office Emp	ate Officer of t week) and a n tion	rided. he compar naximum o	Estimated Annu	ayroll is si rear (\$3,300	ubject to a			

2.

Loss Control:

4. Past Experience:

- A. Submit five years of loss history. These loss reports can be obtained from your insurance carrier. Please summarize this history below and attach insurance company loss reports to this application. If you have any problems obtaining this loss history from your local insurance agent, call the KLA office and we will assist you.
- B. Attach a description or explanation of any claim exceeding \$10,000 paid or reserved.

Policy Year	Total Premium	No. Claims	Claims Paid	Claims Reserved	Total Claims Paid & Reserved	Loss Ratio	Payroll
TOTALS							

OPTIONAL--If you have additional comments or explanation regarding your past loss experience, please attach to application.

For questions, please contact Cindy at (785) 273-5115.