



Feedlot 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 Feedlot 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 Feedyard
_____	_____	_____
_____	_____	_____
_____	_____	_____

A. Has any owner opted out of workers compensation insurance by signing the proper exclusionary form? Yes _____ No _____ If so, please provide a copy of the form.

2. **Loss Control:**

- A. Is there a: **Safety Manual** Yes _____ No _____
Training Manual Yes _____ No _____
Safety/Training Program Yes _____ No _____

B. Number of Employees: **Full-Time** _____ **Part-Time** _____

C. Number of Employees Under Age Sixteen (16): _____

D. Number of Employees Over Age Sixty (60): _____

Describe Duties Performed by Employees in C and D:

E. Does the Applicant Own or Lease Aircraft? Yes _____ No _____

F. Does the applicant have any employees who fly in aircraft on company business (except for commercial aircraft)? Yes _____ No _____

G. Does the operation have a drug and alcohol testing program in place? Yes _____ No _____

3. **Payroll Exposure:**

The most common payroll classifications for feedlot operations are listed below. If you have other classifications, please use the additional space provided.

***If an employee is also a Corporate Officer of the company, his or her payroll is subject to a minimum of \$44,200 per year (\$850 week) and a maximum of \$171,600 per year (\$3,300 week) for reporting purposes.

Class Code	Classification	Estimated Annual Salary
8810	Clerical Office Employees NOC	\$
8288	Cattle Dealers and Feedlots (includes drivers and salesmen)	\$
		\$
		\$
Total Estimated Salary		\$

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.