



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 form? Yes _____ No _____ If so, please provide a copy of the form.

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.