

## AMTrust Questionnaire

If the answers to the following questions fall within the boxes the risk may be eligible for binding.

<b>(Underwriting questions may change without notice – Please Read and Respond Carefully)</b>	Yes	No
1. Are all the insured's operations included in the list of eligible classification? If no, please decline.		
2. Does the insured have an experience modification less than 1.15 or is it not eligible for an experience rating? If no, please decline.		
3. Does the insured have at least three (3) years of documented workers compensation experience? If no, please decline.		
4. Is the loss ratio for the current and prior three (3) years (average annual losses/quoted premium) less than 30%? If no, please decline.		
5. Does the insured have at least one full time employee and generate a premium greater than \$750 and less than \$20,000? If no, please decline.		
6. Does the insured work at heights greater than 15 feet (one story)? If yes, please decline.		
7. Does the insured work at depths below six (6) feet? If yes, please decline.		
8. Are there any around the clock, all night or 24-hour operations? If yes, please decline.		
9. Does the insured perform work related to or involving the handling or transportation of hazardous materials, asbestos or lead abatement? If yes, please decline.		
10. If a pizza shop or similar operation is there delivery offered? If yes, please decline.		
11. Does work performed by subcontractors exceed 40% of receipts (all subcontractors must be insured)? If yes or insured uses uninsured subcontractors please decline.		
12. Are you (agent and insured) aware of any claims or potential claims that have occurred on the effective date of coverage? (Answer NO if the effective date is a future date.)		

All questions are material to the acceptability of the account. I have received the complete application (including hard copy loss runs and other documented loss information) for this insured and believe all answers to these questions are true and supported by file information.

\_\_\_\_\_  
Agent's signature

\_\_\_\_\_  
Date