

## Law Firm Workers' Compensation Underwriting Inquiry

Firm: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

FEIN: \_\_\_\_\_ Year Business established: \_\_\_\_\_ Type of entity (LLC, S-corp, Sole Prop, etc): \_\_\_\_\_

Do employees regularly work from other locations? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, provide details, including # of employees and payroll at each location).

Are any employees leased from another entity? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, provide details)

Do you use any volunteer labor? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, provide details including number of volunteers and type of work performed).

Do you own or operate any aircraft in the course of your business? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please contact our office).

Do employees travel outside the country for business? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, provide details including how often and what countries).

Are workstations ergonomically designed? \_\_\_\_\_ Yes \_\_\_\_\_ No Are employees provided education on ergonomic issues? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any subsidiaries or ownership interest in other business entities, or are you a subsidiary of another entity? \_\_\_\_\_ Yes \_\_\_\_\_ No (If Yes, please provide details including % ownership, entity name, # of employees and details of Workers' Comp coverage for that entity.)

Please list prior carrier(s) for the past 3 years and expiration date \_\_\_\_\_.

Have you had any losses in the past 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please provide a loss run from prior carrier and claim details).

Coverage includes Employer Liability Limits of: Bodily Injury by Accident - \$100,000 per accident;  
 Bodily Injury by Disease - \$500,000 policy limit;  
 Bodily Injury by Disease - \$100,000 each employee.

If you want increased Employer Liability Limits, please indicate: \_\_\_\_\_ \$500,000/\$500,000/\$500,000 \_\_\_\_\_ \$1million/\$1million/ \$1million

1) Please note that persons with 10% or more ownership of the covered entity are automatically excluded from coverage. If persons owning 10% or more of the covered entity wish to be covered, you must elect coverage by writing 'Yes' in the table below. **Please list all persons owning 10% or more of the covered entity here:**

Name	Title (Pres, VP, etc.)	% of Ownership	Years of Experience	Remuneration Please refer to the reverse side of this form for minimum/maximum	To Be Covered? Yes/No

2) Please complete the following section for **ALL OTHER EMPLOYEES (including officers/owners who own less than 10% of the covered entity) WHO ARE NOT NAMED IN #1 ABOVE.**

Number of Full-time Employees	Number of Part-time Employees	Total Remuneration- Use Actual Remuneration for all full- and part-time employees not included in #1 above

3) Total Remuneration - Add **covered** remuneration for employees and owners from 1 & 2 above:

**Don't forget to provide details on a separate sheet of paper to any questions above that indicate additional information is required.**

Sign \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Title \_\_\_\_\_

FOR ADMIN USE ONLY:	Firm ID
---------------------	---------

## CLASS CODE 8820

### LAW OFFICE – ALL EMPLOYEES & CLERICAL, MESSENGERS, DRIVERS

Code 8820 is all-inclusive as respects employees of attorneys or law offices. The employee exposure is principally inside office work; however, the scope includes outside exposure of trial attorneys and attorneys, paralegals and other employees involved in investigative work. It is not intended to apply to “in-house” attorneys employed by business organizations. This classification would also apply to any employees of attorneys or law firms performing cleaning and/or maintenance service in or about the premises used for professional purposes.

---

### Remuneration Information

**REMUNERATION** includes but is not limited to: money or money substitutes, including payroll, salaries, wages, commissions, bonuses, extra wages for all overtime work (i.e. straight time) wages of holiday, vacations, sick periods, meals, lodging and payment to the employees made on the basis other than that of time actually engaged in work, including but not limited to piece work, incentive plans, profit sharing arrangements, employee savings plans, retirement or cafeteria plans.

***Title 85 of Oklahoma State Statutes declares that stockholder employees owning 10% or more of the corporate stock, sole proprietors, LLC members, or partners of a business are not covered under Workers’ Compensation but may elect coverage subject to the following remuneration minimums and maximums:***

Minimum/Maximum Remuneration:

TITLE	MINIMUM		MAXIMUM
<b>Corporate Officers and Stockholder Employees owning 10% or more, use:</b>	\$18,200	-	\$140,400
<b>Sole Proprietors, Partners &amp; LLC Members, use</b>	\$35,500	-	\$35,500
<b>All Other Employees, use:</b>	Estimated Remuneration – No Min/Max		

---



PO Box 60809  
Oklahoma City, OK 73146

(800) 530-4863 (405) 521-1600 Fax: (405) 521-1610 e-mail: [beale@bealepro.com](mailto:beale@bealepro.com)