



ENROLLMENT APPLICATION

New South Construction Company

606519

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Examine your current Workers Compensation and General Liability Policies or contact your Insurance Agent to assist you with completing this form. *** NOTICE *** Enrollment is not automatic and requires the satisfactory completion of the Aon Form-3. Any other requirements can be found in the Insurance Manual.

A. Contractor Information:

Federal ID # or Soc. Sec. #: ¹ _____

▼ Business Information (headquarters)

▼ Contact Information (address questions to..)

Company Name & dba: _____
Contact Name & Title: _____
Address: _____
City, State Zip Code: _____
Telephone: _____
Fax: _____
E.mail Address: _____

Indicate your Organization's Structure: ⁴ Corporation Partnership S-Corporation
 Joint Venture Sole Proprietor Other _____ Click here to enter text. _____

B. Contract Information:

Contract No.: ¹ _____

Date Contract Awarded: ² _____

Description of Work: ³ _____

Proposed Contract Price \$: ⁴ _____

Are you Submitting a bid to New South Construction Company ⁶ Yes No
Inc.:

Amount of Self Performed Work \$: ⁵ _____

If No, identify to whom: ⁷ _____

⁸ Start Date: 06/01/2016 Actual Estimated

⁹ Completion Date: 08/29/2016 Actual Estimated

C. Contacts: (Complete if Applicable)

Position	¹ Name & Title	² Phone	³ Fax	⁴ Email address
Project Mngr:				
Res. Engineer:				
Insurance:				
Contract Admin:				
Payroll:				
Claims:				
Safety Rep:				

⁵ Provide Location of payroll records if different than Corporate address: _____ Phone: _____
City, State, Zip Code: _____ Fax: _____

D. Workers Compensation Insurance Information for Work Described Above: (attach a separate sheet if necessary)

^a State	^b Class Code	^c Description	^d Man-hours	^e Payroll
¹				
Totals			²	³

E. Provide your current Off-Site Workers Compensation Information: (for each state you will perform work in)

Applicable State	Risk ID Number	Rating Bureau	Anniversary Rating Date
¹	²	³	⁴

Your WC Insurance Carrier: ⁵ _____

Policy #: ⁶ _____ Effective Date: ⁷ _____ Expiration Date: ⁸ _____



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F. Subcontract Information: List all Subcontractors that will be working for you on this project (complete the information in the following table). Use additional paper if necessary:

1 Subcontractor	2 Subcontract \$	3 Contact Person	4 Address	5 Phone & Email Address	6 Estimated Start Date

G. Enrollment Questions: Answer each question. Use additional paper if necessary.

- 1 Will you have any off-site location(s) 100% dedicated to this project? Yes No If yes, please provide address:

- 2 Please check if: No Any aircraft used on this project No Any watercraft used on this project
- 3 Please indicate if labor from the following sources will be used: No Employee Leasing Firm No Temporary Labor Agency
- 4 **What is your Experience Modifier (EMR)** _____
- 5 **Will you be using a PEO for your labor** _____
- 6 Click here to enter text. _____
- 7 _____

H. WARRANTY applicable to program insurance coverage

- 1 Premiums for this Program are the responsibility of New South Construction Company Inc. and I agree any and all return of premium, dividends, discounts, or other adjustments to any Program policy(ies) is assigned, transferred and set over absolutely to New South Construction Company Inc.. This assignment applies to the Program policy(ies) as now written or as subsequently modified, rewritten or replaced. Rights of Cancellation for all Program insurance policy(ies) arranged by New South Construction Company Inc. are assigned to New South Construction Company Inc..
- 2 I will pay the cost of premium(s) for non-Program insurance coverage, specified in the Contract Documents.
- 3 I authorized the release of all claim information for all insurance policies under this Program.
- 4 It is my responsibility to notify my insurance carrier(s) that I am enrolling in this Program.
- 5 I have excluded in my bid the insurance costs for the coverage provided by New South Construction Company Inc.. I further agree to the Aon Verified Insurance Cost Amount & Rate as described in the Insurance Manual.
- 6 The statements in this insurance application are true to the best of my knowledge.

I. Signature Block : I verify the information presented above and attachments are correct:
Name: _____ Date: _____
(please print)
Title: _____ Signature: _____

Note: Information can be submitted on-line at www.aonwrap.aon.com. Please contact your Administration Staff to obtain a user ID and Password.