



FOOD INDUSTRY SELF INSURANCE FUND OF NEW MEXICO

P.O. BOX 14710

ALBUQUERQUE, NM 87191-4710

(505) 298-9095

1-800-288-0893

FAX (505) 298-9094

## APPLICATION FOR UNDERWRITING REVIEW

Previous Fund Member ( Yes ) ( No )

Member of NM Restaurant Assoc. or NM Grocer's Assoc. ( Yes ) ( No )

Years in business \_\_\_\_\_ Proposed effective date: \_\_\_\_\_

Name of business: \_\_\_\_\_

Federal ID#: \_\_\_\_\_ Unemployment Comp ID#: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant is: Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Scope of operations: \_\_\_\_\_

Days & Hours of Operation: \_\_\_\_\_

### **PAYROLL INFORMATION – Estimated gross annual payroll**

CLASSIFICATION	CODE	# OF EMPL .	PAYROLL	RATE	MANUAL PREMIUM

**TOTALS**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

EXPERIENCE MODIFIER \_\_\_\_\_ AS OF \_\_\_\_\_ NCCI ID #: \_\_\_\_\_

**HISTORICAL INFORMATION**

*Please provide 5 years detailed loss history.*

Is a formal safety program in operation? ( Yes ) ( No )

**NAME, ADDRESS AND PHONE # OF ALL LOCATIONS:**

NAME/ADDRESS	( NAME NEEDED ONLY IF DIFFERENT )	LOCATION PHONE

**OWNERSHIP AND PERCENTAGE OF OWNERSHIP:**

NAME	TITLE	% OWNERSHIP	INC/EXC
1. _____			
2. _____			
3. _____			

**ADDITIONAL INFORMATION:**
