#  APPLICATION FOR UNDERWRITING REVIEW

##  Please Return you completed application by e-mail to memberservices@fisif.com.

## 🡺Please include with application: • 3 to 5 yearS current Loss Runs

##  • Experience Modifier Worksheet

Previous Fund Member? [ ]  Yes [ ]  No

Member of NM Restaurant Assoc. or NM Grocers Assoc. [ ]  Yes [ ]  No (Choose Association: )

Proposed Effective Date:       How many years in business?     Business Start Date?

If Business has been in operation less than 3 years, list number of years’ experience in the industry:

Name of Business:

Contact Name:      Title:

Ph.#      Email:

Address:      City:      State: NM Zip:

FEIN:       [ ] Corporation [ ] LLC [ ]  Partnership [ ]  Individual

Description of Operations:      How many locations?:

Location Address (if different):

Additional Location:

Additional Location:

Days & Hours of Operations:

Does the applicant provide delivery service? [ ] Yes [ ]  No

Is a formal safety program in operation: [ ]  Yes [ ]  No If YES, is it: [ ] Verbal [ ] Written

Do you lease employees? [ ] Yes [ ] No

Do you have a current WC policy in force? [ ] Yes [ ] No If NO, explain why:

Have you had a lapse in coverage during the past year? [ ] Yes [ ]  No

 If YES, explain why:

Payroll Information (Used to calculate premium)

# of FT employees:       # of PT employees:       Experience Modifier (if applicable):

|  |  |  |
| --- | --- | --- |
| **CLASS CODE** | **CATEGORY, DUTIES, CLASSIFICATION** | **EST. GROSS ANNUAL PAYROLL**  |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

 Total: $

# Ownership information

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **TITLE** | **% OF OWNERSIP** | **INC/EXC** |
|       |       |       |  |
|       |       |       |  |
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