# 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):

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

Total: $

# Ownership information

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