

safety pays!



CAM Comp

Construction Association of Michigan  
Workers' Compensation Plan  
Harvard Square II 18645 Canal Road Suite 4  
Clinton Township MI 48038  
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www.safetypays.net

**Compete and Return**

REFERRED BY: \_\_\_\_\_

DATE: \_\_\_\_\_ FED ID #: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

# OF LOCATIONS: \_\_\_\_\_ ADDRESSES: \_\_\_\_\_

COUNTY: \_\_\_\_\_ WEB: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

CORPORATION  LIMITED LIABILITY CO  CO-PARTNERSHIP  INDIVIDUAL

PLEASE INDICATE MEMBERSHIP IN ANY OF THE FOLLOWING ASSOCIATIONS:

- CONSTRUCTION ASSOCIATION OF MICHIGAN (CAM)
- CAM TRI-CITIES
- BUILDERS & REMODELERS ASSOCIATION OF GREATER ANN ARBOR (BRAG)
- BUILDERS EXCHANGE OF GRAND RAPIDS & WESTERN MICHIGAN
- BUILDERS EXCHANGE OF THE KALAMAZOO AREA
- WASHTENAW CONTRACTORS ASSOCIATION, INC.

NAME OF CURRENT W.C. CARRIER: \_\_\_\_\_

POLICY PERIOD: \_\_\_\_\_ AGENT/AGENCY: \_\_\_\_\_

ANY W.C. COVERAGE DECLINED, CANCELLED OR NON-RENEWED WITHIN THE PAST 3 YEARS?

YES  NO

IF YES, PLEASE GIVE EXPLANATION: \_\_\_\_\_

CURRENT EXPERIENCE MODIFICATION FACTOR: \_\_\_\_\_  
(CAN BE OBTAINED FROM YOUR CURRENT POLICY)

**PROVIDE ESTIMATED ANNUAL PAYROLL BY CLASS CODE & CLASSIFICATION FOR CURRENT CALENDER YEAR**

CODE	CLASSIFICATION	ESTIMATED PAYROLL	# OF EMPLOYEES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE PROVIDE CURRENT W.C. CLAIMS (LOSS RUNS) FOR 5 YEARS.  
(CAN BE OBTAINED FROM YOUR CURRENT INSURANCE CARRIER OR AGENT)

**LIST OFFICERS, PARTNERS, RELATIVES:**

<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>TITLE/ RELATIONSHIP</b>	<b>OWNER- SHIPS</b>	<b>DUTIES</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE ADVISE IF ANY OF THE ABOVE ARE EXCLUDED FROM YOUR CURRENT POLICY: \_\_\_\_\_

<b><u>AGE</u></b>	<b><u># OF EMPLOYEES</u></b>
0-15 YEARS	_____
16-20 YEARS	_____
21-35 YEARS	_____
36-50 YEARS	_____
51-60 YEARS	_____
60+	_____

**PLEASE PROVIDE ALL THE REQUIRED DETAILS FOR "YES" RESPONSES BY USING THE REMARKS AREA BELOW.**

- 1) DO YOU OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?  YES  NO
- 2) DO OPERATIONS INVOLVE STORING, TREATING, DISCHARGING, APPLYING, DISPOSING OR TRANSPORTATION OF HAZARDOUS MATERIAL?  YES  NO
- 3) ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?  YES  NO
- 4) ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS?  YES  NO
- 5) ARE YOU ENGAGED IN ANY OTHER TYPE OF BUSINESS?  YES  NO
- 6) ARE SUB-CONTRACTORS USED?  YES  NO
- 7) ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE?  YES  NO
- 8) IS A FORMAL SAFETY PROGRAM IN OPERATION?  YES  NO
- 9) ANY GROUP TRANSPORTATION PROVIDED?  YES  NO
- 10) ANY PART TIME OR SEASONAL EMPLOYEES?  YES  NO
- 11) IS THERE ANY VOLUNTEER OR DONATED LABOR?  YES  NO
- 12) ANY EMPLOYEES WITH PHYSICAL HANDICAPS?  YES  NO
- 13) DO EMPLOYEES TRAVEL OUT OF STATE?  YES  NO
- 14) ARE ATHLETIC TEAMS SPONSORED?  YES  NO
- 15) ARE PRE-EMPLOYMENT PHYSICALS REQUIRED?  YES  NO
- 16) ARE EMPLOYEE HEALTH PLANS PROVIDED?  YES  NO
- 17) IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?  YES  NO
- 18) DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?  YES  NO

REMARKS: \_\_\_\_\_

**TO ALLOW CAM-COMP TO OBTAIN YOUR PRIOR EXPERIENCE MODIFICATION FACTOR THE ATTACHED AUTHORITY LETTER (SAMPLE) MUST BE TYPED ON YOUR COMPANY LETTERHEAD AND SIGNED BY AN OFFICER/OWNER/PARTNER AND RETURNED WITH THIS QUESTIONNAIRE.**

**MAIL OR FAX TO CAM-COMP**