



# Potomac Insurance Company of Illinois

## Pre-Qualification Questionnaire

Insured: \_\_\_\_\_

Producer: \_\_\_\_\_

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Does applicant generate payroll in any state other than California?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the applicant have employees that travel out side of the territorial U.S. and require any of the following coverages:                       | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Repatriation   |                          |                          |
| b. Endemic Disease  |                          |                          |
| c. Designated WC Law  |                          |                          |
| 3. Has the applicant been in business less than 2 years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the applicant currently in bankruptcy or has had a tax lien or bankruptcy within the last 5 years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the applicant a Temporary Employment Agency or a Leasing or Client Company?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the applicant's operation include any of the following operations?  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Volunteers, donated labor, employees paid per piece or items completed   |                          |                          |
| b. Aviation   |                          |                          |
| c. Federal based exposures: Maritime, Long shore or Harbor Workers, Railroad (FELA), Jones Act, Outer Continental Shelf Land Act?                   |                          |                          |
| d. Migrant or Seasonal workers?   |                          |                          |
| e. Work performed underground or above 15 feet?   |                          |                          |
| 7. Does the applicant subcontract more than 25% of their operation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the applicant have any independent contractors or sub contractors without certificates of insurance?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the applicant's 3 year loss ratio greater than 45%?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the applicant require blanket waiver of subrogation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has the insured had more 3 claims in a single year or a single loss of \$15,000 or \$25,000 if the account was \$25,000 or \$50,000 in premium? | <input type="checkbox"/> | <input type="checkbox"/> |

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date