

**NORTH CAROLINA RATE BUREAU  
PO BOX 176010, 5401 SIX FORKS ROAD  
RALEIGH, NORTH CAROLINA 27619-6010  
TELEPHONE (919) 783-9790, FAX (919) 783-7467**

The numbers on this instruction sheet correspond to the numbered sections on ACORD 133 NC, Application for Designation of an Insurance Company. Attach extra sheets to the application if you need more space.

**GENERAL**

File the application and all attachments in duplicate. Make a copy and keep it for your records.

Failure to fully answer all questions, attach required payroll records or supplemental applications, remit proper form or amount of deposit premium and/or include required signatures may result in a delay of coverage.

The postmark date on the envelope in which a properly completed application and appropriate deposit premium are mailed may govern the coverage effective date.

Premium payment should accompany the application. If you submit an application without proper premium, the Rate Bureau, on the basis of available information, will calculate the estimated annual premium for you. Coverage will not become effective until after the proper premium has been received.

North Carolina General Statute 58-36-1(5) and the approved North Carolina Workers Compensation Insurance Plan will govern the processing of applications and the assignment of coverage.

**SECTION 1. APPLICANT NAME**

Show the complete legal name of the employer(s). If the applicant is a proprietorship, a partnership or a limited liability company, the full name(s) of the proprietor, general partners or members of the limited liability company must be included in addition to all applicable trade names. Include the business telephone number, fax and applicant's Federal Employers Identification Number or Social Security Number.

The insured named first on the policy Information Page is given certain rights and responsibilities by the language of the policy contract. If more than one applicant employer is listed on the application, the one intended to receive these rights and responsibilities should be named first.

**SECTION 2. MAILING ADDRESS**

Show the applicant's complete and exact mailing address.

**SECTION 3. LEGAL STATUS**

Check the proper box to designate the legal status of the applicant. If you check "other", please identify the type of organization. If there is more than one applicant, clearly identify the legal status of each one.

Indicate the number of years the applicant has been in business in North Carolina.

**SECTION 4. REQUESTED EFFECTIVE DATE**

Enter the requested effective date of coverage. NC GS 58-26-1(5) may determine the effective date. Coverage will be assigned effective the day following the postmark date on the envelope in which the properly completed application and appropriate deposit premium are mailed, effective on the expiration date of existing coverage or effective on the requested effective date, whichever date is later. If the application and deposit premium are hand delivered to the Bureau, coverage may not be earlier than the day following Bureau receipt.

**SECTION 5. LOCATION OF ALL NORTH CAROLINA WORK PLACES**

Enter the physical address of all permanent North Carolina locations from which the applicant operates. A post office box is not acceptable here.

Enter the company name and physical address of the location where payroll records are maintained. A post office box is not acceptable here. Include the name and telephone number of the person to contact regarding the applicant's payroll records.

**SECTION 6. NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS**

Completely describe the business or operations of the applicant. This information is needed to establish proper classification code assignments. Do not simply include the wording for a classification code.

If the applicant is a service organization, describe the nature and details of the operation.

If the applicant is a merchant, describe the products sold and any operations that involve the preparation of merchandise for sale and indicate if sales are retail or wholesale (if both, give percentage of each).

If the applicant is a manufacturer, list the raw materials, processes and products manufactured.

If the applicant is a contractor, describe the type of construction, erection or repair work performed and the type of equipment used. Describe the nature of any sub-contract arrangements.

## **SECTION 7. GENERAL INFORMATION**

Answer all questions by checking yes or no. Provide any additional details or clarification as required. Complete the proper supplemental application form if the applicant leases employees or operates an employee leasing or trucking business.

## **SECTION 8. INSURANCE RECORD**

Provide the previous record of workers compensation insurance coverage for the applicant.

## **SECTION 9. CORPORATE OFFICERS, SOLE PROPRIETORS, PARTNERS OR MEMBERS OF A LIMITED LIABILITY COMPANY**

List the name of each executive officer, the sole proprietor, each general partner or each member of a limited liability company and indicate whether coverage for each individual is elected or rejected. If coverage is elected, describe the business duties of the individual and include the approximate annual salary.

Executive officers of a corporation are automatically covered under North Carolina law; however, any executive officer may be specifically excluded from coverage by endorsing the insurance policy to exclude such executive officer. The payroll, subject to individual minimum or maximum limitations as shown on the state rate pages, for all covered executive officers must be included in the "total payroll" and used to calculate estimated annual premium.

Sole proprietors, partners and members of a limited liability company are not automatically covered under North Carolina law; however, the sole proprietor, any partner or any member of a limited liability company may elect to be included as an employee, if actively engaged in the operation of the business and the insurer is notified of the election to be included. The fixed payroll amount, as shown on the state rate pages, for covered sole proprietors, partners or members of a limited liability company must be included in the "total payroll" and used to calculate estimated annual premium.

## **SECTION 10. CALCULATION OF NORTH CAROLINA ESTIMATED ANNUAL/DEPOSIT PREMIUM**

List separately employee/department duties or classification phraseology, class code, number of employees, an accurate estimate of the annual payroll, the rate and calculated premium. For any estimated annual premium in excess of \$5,000, a percentage of the annual premium may be calculated as the deposit premium.

## **SECTION 11. ADDITIONAL INFORMATION**

Additional information may be requested before an assignment of coverage can be made. Any additional information that has been requested should be promptly submitted.

## **SECTION 12. PREMIUM PAYMENT**

Premium, payable to the North Carolina Rate Bureau, may be made by agency check, cashier's or certified check, money order or check of a premium finance company licensed in North Carolina. The estimated annual premium or proper deposit premium must be received before an assignment of coverage can be made.

If the premium is financed, attach a copy of the signed premium finance agreement.

## **SECTION 13. APPLICANT'S STATEMENT**

The application is incomplete unless it has been signed by an individual (i) certifying the accuracy of the information that was given to the agent and used to complete the application and (ii) agreeing to comply with basic provisions of the North Carolina Workers Compensation Insurance Plan. The individual signing the application must be the sole proprietor if the applicant is a proprietorship, a partner if the applicant is a partnership, a member if the applicant is a limited liability company or an executive officer if the applicant is a corporation.

## **SECTION 14. STATEMENT OF LICENSED AGENT OR PRODUCER OF RECORD**

North Carolina law [GS 58-36-1(5)] requires that the applicant employer be "certified to be 'difficult to place' by any fire and casualty insurance agent who is licensed in this State". The application is incomplete unless it has been signed by the agent.

The application may be signed by an out-of-state agent to whom the North Carolina Department of Insurance has issued a non-resident fire and casualty agent license. A non-resident agent cannot qualify as a producer of record.

Check the box to indicate if the agent is a producer of record. Designation as a producer of record, which permits payment of premium by agency check, requires the agent to be a licensed fire and casualty insurance agent and a licensed North Carolina resident broker.

Include the complete agent/agency name and mailing address, telephone number, fax and Federal Employers Identification Number or Social Security Number.