



# WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)  
10/23/2023

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| AGENCY NAME AND ADDRESS<br>Kris D. Rogers & Assoc<br>635 Molly Ln., Ste. 210<br><br>Woodstock GA 30189   |  | COMPANY:<br>UNDERWRITER:<br>APPLICANT NAME: A1A Environmental<br>OFFICE PHONE: 7708293371<br>MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code)<br>7105 Highway 92<br>Woodstock GA 30189<br>E-MAIL ADDRESS: sean@a1aenviro.com   |  | MOBILE PHONE:<br>YRS IN BUS: 6<br>SIC:<br>NAICS:<br>WEBSITE ADDRESS: https://a1aenviro.com/  |  |
| PRODUCER NAME: Kris Rogers<br>CS REPRESENTATIVE NAME:<br>OFFICE PHONE (A/C, No. Ext) 7709263800<br>MOBILE PHONE:<br>FAX (A/C, No.):<br>E-MAIL ADDRESS: kris@krogersins.com<br>CODE: SUB CODE:<br>AGENCY CUSTOMER ID: |  | SOLE PROPRIETOR <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/><br>PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORP <input type="checkbox"/><br>LLC <input type="checkbox"/> TRUST <input type="checkbox"/><br>JOINT VENTURE <input type="checkbox"/> OTHER <input type="checkbox"/> |  | CREDIT BUREAU NAME:<br>FEDERAL EMPLOYER ID NUMBER<br>NCCI RISK ID NUMBER<br>ID NUMBER:<br>OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER |  |

|   |   |   |                                       |  |   |
|---|---|---|---------------------------------------|--|---|
| <b>STATUS OF SUBMISSION</b>                                   |   | <b>BILLING / AUDIT INFORMATION</b>              |                                       |  |   |
| <input checked="" type="checkbox"/> QUOTE                     | <input type="checkbox"/> ISSUE POLICY                     | <input type="checkbox"/> BILLING PLAN           | <input type="checkbox"/> PAYMENT PLAN | <input checked="" type="checkbox"/> AUDIT  |   |
| <input type="checkbox"/> BOUND (Give date and/or attach copy) | <input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133) | <input type="checkbox"/> AGENCY BILL            | <input type="checkbox"/> ANNUAL       | <input checked="" type="checkbox"/> 10 Pay | <input checked="" type="checkbox"/> AT EXPIRATION |
|   |   | <input checked="" type="checkbox"/> DIRECT BILL | <input type="checkbox"/> SEMI-ANNUAL  |  | <input type="checkbox"/> MONTHLY                  |
|   |   |   | <input type="checkbox"/> QUARTERLY    | % DOWN:                                    | <input type="checkbox"/> QUARTERLY                |

| LOCATIONS |               |                                       |
|-----------|---------------|---------------------------------------|
| LOC #     | HIGHEST FLOOR | STREET, CITY, COUNTY, STATE, ZIP CODE |
| 1         |               | 7105 Hwy 92<br>Woodstock, GA 30189    |
|           |               |                                       |
|           |               |                                       |

|  |    |                                 |                                |                                |  |                                    |  |                         |  |
|--|----|---------------------------------|--------------------------------|--------------------------------|--|------------------------------------|--|-------------------------|--|
| PROPOSED EFF DATE<br>10/27/2023  |    | PROPOSED EXP DATE<br>10/27/2024 |                                | NORMAL ANNIVERSARY RATING DATE |  | PARTICIPATING<br>NON-PARTICIPATING |  | RETRO PLAN              |  |
| PART 1 - WORKERS COMPENSATION (States)<br>GA   |    | PART 2 - EMPLOYER'S LIABILITY   |                                | PART 3 - OTHER STATES INS      |  | DEDUCTIBLES (N / A in W)           |  | AMOUNT / % (N / A in W) |  |
|  | \$ | 1,000,000                       | EACH ACCIDENT                  |                                |  |                                    |  |                         |  |
|  | \$ | 1,000,000                       | DISEASE-POLICY LIMIT           |                                |  |                                    |  |                         |  |
|  | \$ | 1,000,000                       | DISEASE-EACH EMPLOYEE          |                                |  |                                    |  |                         |  |
| DIVIDEND PLAN/SAFETY GROUP   |    |                                 | ADDITIONAL COMPANY INFORMATION |                                |  |                                    |  |                         |  |
| SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required) |    |                                 |                                |                                |  |                                    |  |                         |  |

| TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES     |  |  |
|---|--|--|
| TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES<br>\$ | TOTAL MINIMUM PREMIUM ALL STATES<br>\$ | TOTAL DEPOSIT PREMIUM ALL STATES<br>\$ |

| CONTACT INFORMATION |           |              |              |                    |
|---------------------|-----------|--------------|--------------|--------------------|
| TYPE                | NAME      | OFFICE PHONE | MOBILE PHONE | E-MAIL             |
| INSPECTION          | Sean Knox | 6782123349   | 7708293371   | sean@a1aenviro.com |
| ACCTNG RECORD       | Sean Knox | 6782123349   | 7708293371   | sean@a1aenviro.com |
| CLAIMS INFO         | Sean Knox | 6782123349   | 7708293371   | sean@a1aenviro.com |

| INDIVIDUALS INCLUDED / EXCLUDED   |       |           |               |                     |              |            |         |            |                      |
|---|-------|-----------|---------------|---------------------|--------------|------------|---------|------------|----------------------|
| PARTNERS, OFFICERS, RELATIVES ( Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.)<br>Exclusions in Missouri must meet the requirements of Section 287.090 RSMo. |       |           |               |                     |              |            |         |            |                      |
| STATE   | LOC # | NAME      | DATE OF BIRTH | TITLE/ RELATIONSHIP | OWNER-SHIP % | DUTIES     | INC/EXC | CLASS CODE | REMUNERATION/PAYROLL |
| GA  | 1     | Sean Knox | 08/11/1978    | Owner               | 100          | Managerial | EXC     |            | 0                    |
|   |       |           |               |                     |              |            |         |            |                      |
|   |       |           |               |                     |              |            |         |            |                      |
|   |       |           |               |                     |              |            |         |            |                      |

**STATE RATING WORKSHEET**

**FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM**

**RATING INFORMATION - STATE:**

| LOC # | CLASS CODE | DESCR CODE | CATEGORIES, DUTIES, CLASSIFICATIONS  | # EMPLOYEES |           | SIC | NAICS | ESTIMATED ANNUAL REMUNERATION/ PAYROLL | RATE | ESTIMATED ANNUAL MANUAL PREMIUM |
|-------|------------|------------|--------------------------------------|-------------|-----------|-----|-------|--|------|---------------------------------|
|       |            |            |                                      | FULL TIME   | PART TIME |     |       |  |      |                                 |
| 1     | 5473       |            | Asbestos Cleanup                     | 5           | 0         |     |       | 175,000                                |      |                                 |
| 1     | 9014       |            | Clean up janitorial - debris removal | 10          |           |     |       | 665,000                                |      |                                 |
| 1     | 8810       |            | Clerical                             | 3           |           |     |       | 150,000                                |      |                                 |
| 1     | 8720       |            | Inspection of Risks                  | 3           |           |     |       | 165,000                                |      |                                 |
| 1     | 5606       |            | Supervisor                           | 1           |           |     |       | 69,000                                 |      |                                 |
| 1     | 8871       |            | Clerical telecommute                 | 3           |           |     |       | 212,000                                |      |                                 |
|       |            |            |                                      |             |           |     |       |  |      |                                 |
|       |            |            |                                      |             |           |     |       |  |      |                                 |
|       |            |            |                                      |             |           |     |       |  |      |                                 |
|       |            |            |                                      |             |           |     |       |  |      |                                 |
|       |            |            |                                      |             |           |     |       |  |      |                                 |
|       |            |            |                                      |             |           |     |       |  |      |                                 |
|       |            |            |                                      |             |           |     |       |  |      |                                 |
|       |            |            |                                      |             |           |     |       |  |      |                                 |
|       |            |            |                                      |             |           |     |       |  |      |                                 |
|       |            |            |                                      |             |           |     |       |  |      |                                 |
|       |            |            |                                      |             |           |     |       |  |      |                                 |
|       |            |            |                                      |             |           |     |       |  |      |                                 |
|       |            |            |                                      |             |           |     |       |  |      |                                 |
|       |            |            |                                      |             |           |     |       |  |      |                                 |
|       |            |            |                                      |             |           |     |       |  |      |                                 |
|       |            |            |                                      |             |           |     |       |  |      |                                 |
|       |            |            |                                      |             |           |     |       |  |      |                                 |

**PREMIUM**

| STATE:                                | FACTOR | FACTORED PREMIUM       |                        | FACTOR | FACTORED PREMIUM |
|---------------------------------------|--------|------------------------|------------------------|--------|------------------|
| TOTAL                                 | N / A  | \$                     |                        |        | \$               |
| INCREASED LIMITS                      |        | \$                     | SCHEDULE RATING *      |        | \$               |
| DEDUCTIBLE *                          |        | \$                     | CCPAP                  |        | \$               |
|                                       |        | \$                     | STANDARD PREMIUM       |        | \$               |
| EXPERIENCE OR MERIT MODIFICATION      |        | \$                     | PREMIUM DISCOUNT       |        | \$               |
|                                       |        | \$                     | EXPENSE CONSTANT       | N / A  | \$               |
| ASSIGNED RISK SURCHARGE *             |        | \$                     | TAXES / ASSESSMENTS *  | N / A  | \$               |
| ARAP *                                |        | \$                     |                        |        | \$               |
| * N / A in Wisconsin                  |        |                        |                        |        |                  |
| <b>TOTAL ESTIMATED ANNUAL PREMIUM</b> |        | <b>MINIMUM PREMIUM</b> | <b>DEPOSIT PREMIUM</b> |        |                  |
| \$                                    |        | \$                     | \$                     |        |                  |

**REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

**PRIOR CARRIER INFORMATION / LOSS HISTORY**

| PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS |                         |                |     |          |             | LOSS RUN ATTACHED |
|---|-------------------------|----------------|-----|----------|-------------|-------------------|
| YEAR  | CARRIER & POLICY NUMBER | ANNUAL PREMIUM | MOD | # CLAIMS | AMOUNT PAID | RESERVE           |
| 2023  | CO: AmeriSafe           | 32000          | 0   | 0        | 0           | 0                 |
|   | POL #:                  |                |     |          |             |                   |
| 2022  | CO: Next                | 25000          | 0   | 0        | 0           | 0                 |
|   | POL #: NXTQH3XWY7-00-WC |                |     |          |             |                   |
|   | CO:                     |                |     |          |             |                   |
|   | POL #:                  |                |     |          |             |                   |
|   | CO:                     |                |     |          |             |                   |
|   | POL #:                  |                |     |          |             |                   |
|   | CO:                     |                |     |          |             |                   |
|   | POL #:                  |                |     |          |             |                   |

**NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS**

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

Cleanup/Removal of asbestos, mold, water.  
Teardown and cleanup of affected areas.

**GENERAL INFORMATION**

| EXPLAIN ALL "YES" RESPONSES  | Y / N |
|--|-------|
| 1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?   | N     |
| 2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) | N     |
| 3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?  | N     |
| 4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?  | N     |
| 5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?   | N     |
| 6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)  | N     |
| 7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)   | N     |
| 8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?   | Y     |
| 9. ANY GROUP TRANSPORTATION PROVIDED?  | N     |
| 10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?  | N     |
| 11. ANY SEASONAL EMPLOYEES?  | N     |
| 12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)  | N     |

**GENERAL INFORMATION (continued)**

| EXPLAIN ALL "YES" RESPONSES  | Y / N |
|--|-------|
| 13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?   | N     |
| 14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)  | N     |
| 15. ARE ATHLETIC TEAMS SPONSORED?  | N     |
| 16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?  | N     |
| 17. ANY OTHER INSURANCE WITH THIS INSURER?   | N     |
| 18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)   | N     |
| 19. ARE EMPLOYEE HEALTH PLANS PROVIDED?  | N     |
| 20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?  | N     |
| 21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?   | N     |
| 22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____   | N     |
| 23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)   | N     |
| 24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S). | N     |

**REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

APPLICABLE IN TENNESSEE AND VERMONT: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

|   |            |                      |                          |
|---|------------|----------------------|--------------------------|
| APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner) | DATE       | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |
| Sean Knox   | 10/23/2023 | Kris Rogers          | 6788848                  |