WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY): 7/13/2021

AGENCY NAME AND ADDRESS
Covered by Sage, LLC
7000 Central Parkway
Suite 1100
Atlanta GA 30328

COMPANY: Conifer Insurance

UNDERWRITER: Tamy Younker

APPLICANT NAME: PRIORITY ONE HOME HEALTH SERVICES INC

OFFICE PHONE: (586) 530-7114 | **MOBILE PHONE:**

MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code)
28091 DEQUINDRE RD STE #211
MADISON HEIGHTS, MI 48071

YRS IN BUS: 2013

SIC: 8082

NAICS: 621610

WEBSITE ADDRESS:

PRODUCER NAME: Covered by Sage, LLC

CS REPRESENTATIVE NAME: Diana Stipcak

OFFICE PHONE (A/C, No, Ext): (770) 723-3933

MOBILE PHONE:

FAX (A/C, No): (770) 723-3932

E-MAIL ADDRESS: uw@joinsage.com

E-MAIL ADDRESS:

	SOLE PROPRIETOR	X	CORPORATION		LLC		TRUST		UNINCORPORATED ASSOCIATION
	PARTNERSHIP		SUBCHAPTER "S" CORP		JOINT VENTURE		OTHER:		

CREDIT BUREAU NAME:

ID NUMBER:

CODE: 000950 **SUB CODE:** 000950

AGENCY CUSTOMER ID: CIWC001704

FEDERAL EMPLOYER ID NUMBER
383586114

NCCI RISK ID NUMBER

OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER
3543692A

STATUS OF SUBMISSION

- [X] QUOTE
- [ ] ISSUE POLICY
- [ ] BOUND (Give date and/or attach copy)
- [ ] ASSIGNED RISK (Attach ACORD 133)

BILLING / AUDIT INFORMATION

BILLING PLAN
- [ ] AGENCY BILL
- [X] DIRECT BILL

PAYMENT PLAN
- [ ] ANNUAL
- [ ] SEMI-ANNUAL
- [X] QUARTERLY

% DOWN: 25

AUDIT
- [X] AT EXPIRATION
- [ ] MONTHLY
- [ ] SEMI-ANNUAL
- [ ] QUARTERLY

LOCATIONS

LOC #	HIGHEST FLOOR	STREET, CITY, COUNTY, STATE, ZIP CODE
001		28091 DEQUINDRE ROAD STE #211 MADISON HEIGHTS, MI 48071

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	NORMAL ANNIVERSARY RATING DATE			RETRO PLAN
8/29/2021	8/29/2022	8/29/2021	X	PARTICIPATING	
				NON-PARTICIPATING	

PART 1 - WORKERS COMPENSATION (States): MI

PART 2 - EMPLOYER'S LIABILITY

$100,000	EACH ACCIDENT
$500,000	DISEASE-POLICY LIMIT
$100,000	DISEASE-EACH EMPLOYEE

PART 3 - OTHER STATES INS

DEDUCTIBLES (N / A in WI)
- [ ] MEDICAL
- [ ] INDEMNITY

AMOUNT / % (N / A in WI)

OTHER COVERAGES
- [ ] U.S.L. & H.
- [ ] VOLUNTARY COMP
- [ ] FOREIGN COV
- [ ] MANAGED CARE OPTION

DIVIDEND PLAN/SAFETY GROUP

ADDITIONAL COMPANY INFORMATION

SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CICPRIV01, WC000000B, WC000308, WC000406, WC210303A, WC210304, WC210402C

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES

TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES	TOTAL MINIMUM PREMIUM ALL STATES	TOTAL DEPOSIT PREMIUM ALL STATES
$1,260.00	$	$315.00

CONTACT INFORMATION

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION	GERARDO	(586) 530-7114		
ACCTNG RECORD	GERARDO	(586) 530-7114		
CLAIMS INFO	GERARDO	(586) 530-7114		

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.) 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
MI		GERARDO CARBONEL		Director	33		Excluded		
MI		DANIEL AN		Executive Manager	33		Excluded		
MI		SHERILYN GURI		Executive Vice President	33		Excluded		

STATE RATING SHEET # 1 **OF** 1 **SHEETS** **AGENCY CUSTOMER ID:** CIWC001704

STATE RATING WORKSHEET

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

RATING INFORMATION - STATE: MI

LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES FULL TIME	# EMPLOYEES PART TIME	SIC	NAICS	ESTIMATED ANNUAL REMUNERATION/ PAYROLL	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
002	8835-004		PUBLIC HEALTH NURSING ASSOCIATION	1	4	8082	621610	72,000.00	1.8700	1,346.00
002	8810-002		CLERICAL OFFICE EMPLOYEES	1	4	8082	621610	50,000.00	0.1200	60.00

PREMIUM

STATE: MI	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
TOTAL	N / A	$1,260.00	TERRORISM	0.0200	$24.00
INCREASED LIMITS		$	SCHEDULE RATING *		$
DEDUCTIBLE *		$	CCPAP		$
*		$	STANDARD PREMIUM		$1,265.00
EXPERIENCE OR MERIT MODIFICATION		$	PREMIUM DISCOUNT	0.0500	$-63.00
		$	EXPENSE CONSTANT	N / A	$100.00
ASSIGNED RISK SURCHARGE *		$	TAXES / ASSESSMENTS *	N / A	$
ARAP *		$			$
		$			$

* N / A in Wisconsin

TOTAL ESTIMATED ANNUAL PREMIUM	MINIMUM PREMIUM	DEPOSIT PREMIUM
$ 1,260.00	**$**	**$315.00**

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION / LOSS HISTORY

AGENCY CUSTOMER ID: CIWC001704

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
	CO: POL #:					
	CO: POL #:					
	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.

HOME HEALTH CARE

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
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

GENERAL INFORMATION (continued) **AGENCY CUSTOMER ID:** CIWC001704

EXPLAIN ALL "YES" RESPONSES	Y / 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

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.
(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
	7/13/2021		