



DEDUCTIBLE PROGRAM APPLICATION INSTRUCTIONS

BEFORE THIS APPLICATION FOR BRICKSTREET INSURANCE'S DEDUCTIBLE PROGRAM CAN BE REVIEWED, ALL QUESTIONS MUST BE ANSWERED. REQUIRED FINANCIAL DOCUMENTS ALSO MUST BE SUBMITTED. EFFECTIVE DATE FOR PARTICIPATION IN THE PROGRAM WILL BE DETERMINED UPON COMPLETION OF REVIEW.

TYPE OR PRINT CLEARLY IN BLACK INK

Security / Collateral Requirements

If approved by BrickStreet Insurance, the employer will be informed of the amount of security required. The employer also will be informed of the acceptable types of security (e.g. bonds, letter of credit, certificate of deposit, etc.). The required security / collateral is due within 60 days of the effective date. In the meantime, the employer will remain in the Guaranteed Cost Plan.

Financial Statements

The applicant is required to provide financial statements for each of the three years preceding the date of application. If financial statements are not available, the applicant may submit a financial statement prepared by an outside accounting firm. These should include a balance sheet, income statement and cash flow statement. If the applicant is relying on the financial statements of a parent company to be granted coverage under a deductible plan, the parent company must provide a parental guaranty. All financial statements must be signed and sworn separately.

- If your business is a corporation or limited corporation, the application and financial statements must be signed by the President alone or Vice President and Secretary (or Assistant Secretary).
- If your business is a partnership, the application and financial statements must be signed by all the partners.
- If your business is a limited partnership, the application and financial statements must be signed by the general partners.
- If your business is a limited liability company, the application and financial statements must be signed by all the members.
- If your business entity is not listed above, the application and financial statements must be signed by the owner.

Checklist

Have you included all of the following required information?

- Completed application
- Written documentation of safety and health program
- Three years of separately signed and sworn financial statements
- Appropriate required signature

Contact Information

If you have any questions, please do not hesitate to contact us at the following:

BrickStreet Mutual Insurance
Underwriting Unit – Deductible Program
P.O. Box 3064
Charleston, WV 25334-2064
304.926.3470 or 1.866.45BRICK
www.brickstreet.com

BrickStreet Insurance does not warrant that any employer will save premium taxes in the Deductible Program, and it is possible that the total cost of your workers' compensation program will be more than under a standard Guaranteed Cost Plan.



Deductible Program Application

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 Underwriting Unit – Deductible Program
 P.O. Box 3064
 Charleston, WV 25334-2064

FOR BRICKSTREET USE ONLY	
Policy #:	Classification:
E-Mod Factor:	Deductible:
3 Yrs Financials:	Credit:
Underwriter:	

Legal Business Name		Trade or DBA Name		Contact Name	
Mailing Address					
Street / P.O. Box		City	State	Zip Code	
Primary Location Address					
Street		City	State	Zip Code	
Name of Contact Person		Title of Contact Person		Telephone Number	
Date (mm/dd/yyyy)	FEIN or Social Security Number	WV State Tax Number	Code	<input type="checkbox"/> Individual <input type="checkbox"/> Subchapter "S" Corp <input type="checkbox"/> LLC	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other

What is your current premium?
What is your projected payroll for the coming year?
Are you, or have you, at any time, been self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide dates.
Has your organization ever petitioned for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide year.
Do you have a safety and health program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide a detailed description of your program. Attach additional sheets if necessary.

Deductible Amount Per Claim: (Cannot exceed 5% of your annual gross payroll)				
<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$7,500
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000
<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$250,000

I am confirming that all statements made in connection with this application are true and correct, to the best of my knowledge. I also acknowledge that if the application is accepted, my policy will be placed in the Deductible Program for a one year period, and I will adhere to its requirements. In addition, I agree to submit to safety and payroll audits.	
Signature	Date
Printed Name	Title