

5Star Submission Checklist- WORKERS' COMP PROGRAM

*Please include this coversheet with each submission



Fax to: 5Star Workers' Comp Submission	Email (Preferred): workcomp@5starsp.com Fax Number: 314.965.9399
Submission for:	Agency Name:
Producer/Contact Name:	Agency Phone Number:
Comments:	

Before sending your submission, please use this checklist to ensure you have included all required documentation.

For faster service, please include a copy of this completed form.



Documentation Required To Quote

- _____ ACORD 130 completed with FEIN, years of business, number of employees per class, detailed description of operations and general information questions with explanation of "yes" answers
- _____ 3-5 years currently valued, legible loss runs (within 90 days)
- _____ Copy of the most current experience mod worksheet
- _____ Any additional pertinent information to help us understand and underwrite your risk (Examples include: sales brochures, website information, details of processes)
- _____ Contractor's Supplemental Application, if applicable
- _____ Transportation Supplemental Application, if applicable
- _____ First submission to 5Star Work Comp? Register as a new agent with 5Star Specialty Programs @ www.5starsp.com
- _____ Surety Bonds for Self Insured Workers' Comp, if applicable
- _____ Your Producer email address: _____

Documentation Required To Bind

- _____ All Applications Signed and Dated by the Insured and Agent

Failure to include copies of all requested information will result in delay of processing and/or immediate rejection of this submission. Please contact 1-800-965-7457 with any questions.

5Star Workers Compensation Program
906 South Kirkwood
St. Louis, MO 63122