



# KANSAS AUTOMOBILE DEALERS WORKERS' COMPENSATION FUND APPLICATION FOR MEMBERSHIP

## Program Administrator

Aon Risk Services  
4801 Main Street, Ste 350  
Kansas City, MO 64112  
800-892-5974 ext 622  
847-953-0143 (fax)

Sandy Hayward  
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Diane Fuller  
diane.fuller@aon.com

## General Information

KADA  
731 S. Kansas Ave,  
Topeka, KS 66603  
800-279-8566  
785-233-1462 (fax)

Don McNeely  
dmcneely@kansasdealers.org

Please include the following attachments with this application:	Included?
Most Recent Annual Financial Statement	Yes <input checked="" type="checkbox"/>
Current Period Interim Financial Statement	Yes <input type="checkbox"/>
5 years of Currently Valued Carrier Loss Runs	Yes <input type="checkbox"/>
Current NCCI Experience Mod Worksheet	Yes <input type="checkbox"/>
Kansas Owner's Exclusion Form(s) (if applicable – Page 8)	Yes <input type="checkbox"/>
Aircraft Supplement (if applicable – Page 7)	Yes <input type="checkbox"/>
Signed & Notarized Affidavit (page 9)	Yes <input type="checkbox"/>



## Helpful Hints for Completing the Application

### 1. Insured Contact

- Please identify the person who is responsible for the insurance if different than the owner.
- Please identify the person who is responsible for safety/loss control and **should receive the safety newsletters**.
- Please identify the person who is the contact for any accounting issues including the final payroll audit.
- Please identify the person who is responsible for reporting all workers' compensation claims.

### 2. Estimated Payroll

- Class code definitions are included within this application. Please ensure that you are correctly classifying your employees.
- An employee is statutorily defined in part to mean "every person in the service of any employer, whether full-time, part-time, or occasional, under any contract of hire, express or implied, oral or written, or under any appointment or election, including executive officers of corporations." This includes part-time/occasional employees. All part time/occasional employees (e.g., drivers) are required to be included in the dealership's payroll in order to collect the appropriate premium for the dealership's exposure.
- Dealerships that use subcontracted labor can be held liable for injuries sustained by employees of subcontractors unless the subcontractor has secured workers' compensation insurance. A certificate of workers' compensation insurance must be obtained from the subcontractor and retained in your files. If the subcontractor does not have workers' compensation insurance, you need to include the amount paid to the subcontractor (labor costs only) in the applicable class code.
- Partners, Sole Proprietors & Members of Limited Liability Company remuneration are limited/capped at \$43,700.
- Executive Officers of corporations are subject to a minimum of \$44,200 and maximum of \$176,800.
- Kansas allows vacation and sick pay time to be excluded from payrolls if it is coded separately.

### 3. Financial Statements

- Please provide the most current **annual and interim** financial statements.

### 4. Owner Election of Coverage

- If excluding owners/officers, confirm that your health insurance coverage extends to work related injuries.
- The cost to insure owners is subject to payroll limitations noted in #2 above. The estimated premium to insure an owner \$300 - \$1,000.
- If there are multiple owner/officers opting for exclusion, please photocopy page 8 and include with this application.

### 5. Aviation

- Do you own or charter aircraft **for business** use for the dealership? If yes, please complete the supplemental questionnaire.
- Do any employees travel **for business on a non-commercial aircraft**? If yes, please complete the supplemental questionnaire.
- *Due to the significant cost of this coverage to the Fund, if you have not used a private aircraft for business or to transport employees in the past year and you don't anticipate doing so in the next 12 months, please **do not complete** the supplemental questionnaire. If an occasion arises during the policy term where you would use a private aircraft for business use and transport employees, you MUST contact Aon prior to use in order for coverage to apply. There is a premium surcharge for this exposure.*

### 6. Watercraft

- Do you use any watercraft in the course of business (i.e., entertainment involving employees)? If yes, please request the supplemental questionnaire from Aon.



## Workers' Compensation Application

(PLEASE TYPE OR PRINT)

### I. Corporate/Ownership Information

<b>Date o</b>	<b>Date of Application:</b>					
	<b>Applicant Name:</b>	<b>Legal:</b>	<b>DBA:</b>			
	<b>Mailing Address:</b>					
	<b>Physical Address:</b>					
	<b>City, State Zip Code:</b>					
	<b>Status:</b>	Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	LLC <input type="checkbox"/>	Other <input type="checkbox"/>
	<b>Federal ID Number:</b>			<b>Dealer License Number:</b>		
	<b>Years in Business in Kansas:</b>			<b>Chartered under the Laws of the State of:</b>		
	<b>Date of Registration in the Office of the Secretary of State, if a Foreign Corporation:</b>					
	<b>Have there been or do you anticipate any significant changes in your operation, location or payroll? (If yes please include explanation):</b>			<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	

<b>Section B</b>	<b>Contact Information:</b>		
	<b>Dealership Principal:</b>		
	<b>Phone:</b>	<b>E-mail</b>	
	<b>Risk Manager:</b>		
	<b>Phone:</b>	<b>E-mail</b>	
	<b>Safety &amp; Loss Control:</b>		
	<b>Phone:</b>	<b>E-mail</b>	
	<b>Accounting/Premium Audit:</b>		
	<b>Phone:</b>	<b>E-mail</b>	
	<b>Claim Reporting:</b> (Who will be reporting the claims?)		
<b>Phone:</b>	<b>E-mail</b>		

**Confidentiality Statement:** Aon Risk Services Central, Inc. is the service administrator for the Kansas Auto Dealers Workers' Compensation Fund ("KADWCF"). The financial information provided by KADWCF applicants to Aon Risk Services Central, Inc. is considered confidential information and is used solely in underwriting the applicant for prospective participation in the KADWCF. The applicant's financial information is not shared with the Trustees of KADWCF and will not be distributed to anyone without the prior written consent of the applicant.



## Kansas Automobile Dealers Workers' Compensation Fund

<b>Section C</b>	<b>Locations</b>			
	<b>List Names and Locations of Each Operation to be Covered in Kansas</b>	<b>Employee Concentration</b>		
		<b>Maximum number of employees on site at any given time.</b>	<b>Years at this Location</b>	<b>Number of Buildings at this Location.</b>
	<b>Do you have any locations that are not included?</b> <small>(If yes, please provide details.)</small>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Section D</b>	<b>Ownership</b>				
	Kansas state law allows voluntary exclusion from coverage for any officer or employee owning 10% or more of the corporation <i>(Each qualifying individual opting for exclusion must complete and sign the Exclusion Form on page 8.)</i>				
	<b>Name &amp; Position</b>	<b>% of Ownership</b>	<b>Years at this Dealership</b>	<b>Include</b>	<b>Exclude</b>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

<b>Section E</b>	<b>If there are parent/subsidiary relationships, list all companies:</b>			
	<b>Parent Company:</b>			
	<b>Corp. No.</b>	<b>Corporation Names</b>	<b>% Owned</b>	<b>Owned by Corp. No.</b>
	1			
	2			
	3			
	4			



## Kansas Automobile Dealers Workers' Compensation Fund

### II. Services / Exposures

<b>List Key Management People:</b>				
Section A	Position	Name	Receive Safety Newsletter?	Email Address
	General Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Controller		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Safety & Loss Control		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Risk Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sales Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Service Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Body Shop Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Parts Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Services Provided</b> <i>(Please check all that apply)</i>						
Section B	Sales	<input type="checkbox"/>	Parts Dept.	<input type="checkbox"/>	Service	<input type="checkbox"/>
	Body Shop	<input type="checkbox"/>	Car Rental	<input type="checkbox"/>	Shuttle/Courtesy	<input type="checkbox"/>
	Other (describe)	<input type="checkbox"/>	Dealer Trade/Auction Drivers	<input type="checkbox"/>	Parts Drivers	<input type="checkbox"/>

<b>General Underwriting Questions</b> <i>(please explain all "yes" responses)</i>			
Section C	1.	If you have a body shop Is it a business separate and distinct from the dealership? Is it located in a separate building? Are payroll records maintained separately?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
	2.	Do you, on behalf of the business, own, lease or charter aircraft? <i>(If yes, please complete the supplement on Page 7)</i> Do you transport employees on these owned/leased aircraft?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
	3.	Do you, on behalf of the business, own, lease or charter watercraft? Are employees allowed use of these watercraft in the course of Business?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
	4.	How many employees are provided vehicles/demos? If any, do you have a "demo" policy in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	5.	Do you have employees that travel out of state?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	6.	Are driver (MVE-1) records obtained on all employees upon hire and annually thereafter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	7.	Does your Service/Parts Department include exposure to heights above 15 feet?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	8.	Do you use subcontractors (not an employee and you issued a Form 1099)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	9.	Is any work sublet without certificates of workers compensation insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	10.	Do you have any employees with physical handicaps?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	11.	Do you sponsor athletic teams in which your employees participate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	12.	Do you provide employee health plans?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	13.	Do you lease employees to or from other employers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	14.	Do you have any employees who work primarily from home?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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<b>Section D</b>	<b>Payroll Exposure</b>				
	The most common payroll classifications for automobile dealership operations are listed below. If you have another classification, please use the additional space provided. Please reduce the payroll figures by any vacation, holiday or sick time you estimate will be paid for the year (your records must reflect separate coding of these amounts).				
	<b>Annual payroll limitations are as follows:</b>				
	Partners, Sole Proprietors & Members of Limited Liability Company:		\$43,700		
	Executive Officers		\$44,200 Minimum/\$176,800 Maximum		
	<b># of Employees</b>		<b>Class Code</b>	<b>Classification</b>	<b>Estimated Annual Payroll (round to nearest 1,000)</b>
	<b>FT</b>	<b>PT</b>			
			8810	Clerical	\$
			8748	Automobile Sales	\$
			7380	Drivers	\$
		8742	Other Sales (e.g. Parts)	\$	
		8380	All Other	\$	
				\$	
		<b>Total Estimated Payroll</b>		<b>\$</b>	

<b>Section E</b>	<b>Payroll Code Classification</b>			
	<b>Code</b>	<b>Classification</b>	<b>Definition</b>	<b>Examples</b>
	8810	Clerical	Duties include creation or maintenance of financial or other employer records, handling correspondence, computer composition, technical drafting and technical duties. A clerical office is a work area separated and distinguishable from all other work areas and hazards of the employer by floors, walls, partitions, counters or other physical barriers.	<ul style="list-style-type: none"> <li>• Accountants</li> <li>• Office Managers</li> <li>• Title Clerks</li> <li>• General office employees</li> <li>• F &amp; I Salespersons</li> <li>• Cashiers</li> </ul>
	8748	Automobile Sales	Salesperson employed by sales and service agencies that are engaged in the selling or long term leasing of new or used automobiles, vans, trucks, motorcycles, and mobile homes.	<ul style="list-style-type: none"> <li>• Auto Salespersons</li> <li>• Sales Managers</li> <li>• General Managers</li> </ul>
	7380	Drivers	Duties include driving.	<ul style="list-style-type: none"> <li>• Drivers</li> <li>• Porters</li> <li>• Runners</li> <li>• Tow Truck Drivers</li> </ul>
	8742	Part Sales	Duties include sales of retail or wholesale over-the-counter parts.	<ul style="list-style-type: none"> <li>• Parts Manager</li> <li>• Parts Counter Employees</li> </ul>
8380	All Other Employees	Automobile service or repair center employees and all other.	<ul style="list-style-type: none"> <li>• Service Advisors</li> <li>• Service Managers</li> <li>• Service Technicians</li> <li>• Body Shop Technicians</li> <li>• Detail Personnel</li> <li>• Any Other Dealership Personnel whose responsibilities do not fit into one of the previous defined code classifications</li> </ul>	



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**III. Carrier History / Loss Information**

<b>Section A</b>	<b>What is your current Experience Modification Factor? (Please include a copy of current NCCI Worksheet)</b>	
	<b>Please include five-year loss history. The loss run can be obtained from your insurance carrier.</b>	

	Carrier	Policy Period	Total Premium
<b>Section B</b>		-	\$
		-	\$
		-	\$
		-	\$
		-	\$
		<b>TOTALS</b>	\$

<b>Section C</b>	<b>For the policy periods above, attach a description or explanation for any claim with total incurred costs (paid plus reserves) exceeding \$10,000.</b>

**IV. Loss Control**

<b>Section A</b>	<b>Indicate if you have/use any of the following:</b>			
	Safety Manual	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	Training Manual	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	Safety/Training Program	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	Pre-employment testing	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	• Physical capability	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	• Drug	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Post-accident drug screening	Yes	<input type="checkbox"/>	No <input type="checkbox"/>	
Early return or light duty program	Yes	<input type="checkbox"/>	No <input type="checkbox"/>	



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Aircraft Supplemental Questionnaire

Name of Applicant: \_\_\_\_\_

1. Provide description of each owned or leased aircraft. (if you lease aircraft, please include a copy of the current lease agreement)

Table with 6 columns: Aircraft #, Year/Make Model, FAA#, # of Engines, Owned or Leased, Passenger Capacity

(If any of the listed aircraft is a helicopter, please contact Aon.)

2. Provide the following information for each aircraft indicated above.

Table with 6 columns: Aircraft #, Description of General Use, Avg. Employees per Trip as Crew/Pass., Annual # of Flights, Annual Flight Hours, Where Hangared

3. Geographical limits of flight exposure: \_\_\_\_\_

4. If you have a contract for leased aircraft, does it include the "crew"? [ ] Yes [ ] No; if "no", explain who pilots the aircraft.

5. Do you charter aircraft? [ ] Yes [ ] No; if "yes" how many times during the calendar year? \_\_\_\_\_ (Charter is considered a single engagement of aircraft services where the aircraft and crew are provided by a third party.)

6. Pilot Information

Table with 5 columns: Name, Age, Licenses Held, Career Hours, Hours in Covered Aircraft

7. Are all pilots employed only for the purpose of being a company pilot? [ ] Yes [ ] No; if "No," please explain.

8. Has the pilot been cited for any violation or been involved in any aircraft accident? [ ] Yes [ ] No

If yes, provide an explanation of the accident or violation.

Three horizontal lines for providing an explanation of the accident or violation.

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_





**ELECTION OF EMPLOYEE NOT TO ACCEPT COVERAGE**

K-WC 50 (Rev.3-14)

**Election Not to Accept Coverage Under  
Kansas Workers Compensation Act by Employee Who Owns  
10 Percent or More of Corporate Stock of Corporate Employer**

To be processed, **ALL** entries on this form must be completed. All entries, must be neatly printed in black ink or typewritten. The employee must sign this form and include his/her Social Security Number.

This Election is effective upon receipt by the Kansas Division of Workers Compensation.

To the Kansas Division of Workers' Compensation, you are hereby notified that:

Name of Employee Electing Out of Act: \_\_\_\_\_

Social Security Number of Employee: \_\_\_\_\_

Corporate Employer's Name & Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ Type of Business: \_\_\_\_\_

hereby states that he/she owns 10% or more of the corporate stock of the above corporation and elects, pursuant to K.S.A. 44-543, not to accept coverage under the Kansas Workers' Compensation Act. The above named employee recognizes that by signing this form he/she is not covered under the Kansas Workers' Compensation Act.

\_\_\_\_\_  
Valid Signature of Employee Electing Out of Act

\_\_\_\_\_  
Date Signed by Employee

**Federal Privacy Act Disclosure Section 7(a)(2)(B)**

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers' Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in Division of Workers' Compensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identifies can only be distinguished by the social security number.

DIVISION OF WORKERS COMPENSATION  
401 SW Topeka Blvd., Suite 2, Topeka, KS 66603-3105 • Phone (785)296-4000 • Fax (785) 296-0025 • [wcelections@dol.ks.gov](mailto:wcelections@dol.ks.gov)



**Kansas Automobile Dealers  
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**Affidavit**

**IN CONSIDERATION FOR APPROVAL OF THIS APPLICATION, THE APPLICANT AGREES AS FOLLOWS:**

1. That the applicant will comply with all provisions of KSA 44-581, et seq., the Kansas Workers' Compensation law, all rules and regulations of the Pool and all lawful orders of the Commissioner of Insurance.
2. That the applicant will pay all premiums, taxes and assessments invoiced by the Pool on a timely basis as stated on such invoices.
3. That the applicant will give the Pool at least a thirty (30) day notice prior to withdrawal from the Pool. The applicant understands that withdrawal is only permitted at the end of a Pool coverage year.
4. That coverage under this membership shall be for Kansas operations only, including incidental coverage in other states.
5. That the applicant will neither ask for nor receive credit from the Trustees for payment of premium.
6. The Pool is a self-insured Workers' Compensation Pool established pursuant to KSA 44-581.
7. The Pool is not a member of, and its members are not eligible for, any benefits from the Kansas Insurance Guaranty Association.
8. The Pool is not an insurance company, but is a statutory workers compensation pool structured as a trust. It is subject to select insurance statutes designated by the laws of the State of Kansas. Limited regulatory oversight of the Pool occurs with the Kansas Insurance Department and the Kansas Department of Labor to the extent required by law.

The above provisions and conditions have been explained to me, and I understand and acknowledge them. In addition, I , \_\_\_\_\_ , the undersigned, being the \_\_\_\_\_ of Applicant, swear (or affirm) that to the best of my knowledge and belief, the statements contained in the application, including any accompanying documents and supplements, are true and complete.

**Applicant Signature:**

\_\_\_\_\_  
Signed

PRINT  
NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Notary:**

County \_\_\_\_\_

State \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_ date of \_\_\_\_\_, 2018

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_



## Kansas Automobile Dealers Workers' Compensation Fund

### Key Contacts

Role	Company	Contacts	Phone & Fax
Program Administrator (responsible for underwriting and premium billings)	Aon Risk Services 4801 Main Street, Ste 350 Kansas City, MO 64112	Sandy Hayward sandy.hayward@aon.com  Diane Fuller Diane.fuller@aon.com  AON 800 phone number	816-698-4622 847-953-0143 (fax)  816-698-4651 847-953-0144 (fax)  800-892-5974
Claims Services	Gallagher Bassett Services, Inc. 2600 Grand Ave., Suite 650 Kansas City, MO 64108	<u>Indemnity/LostTime</u> Josie Landes -- Sr. Adjuster Josephine_landes@gbtpa.com  <u>Med Only</u> Creshaun Pearl – Claims Service Representative Creshaun_Pearl@gbtpa.com  Fax reporting: 800-748-6159 Internet reporting: www.risxfacs.com E-mail reporting: tnwclaims@tnwinc.com	816-216-5516 866-743-1752 (fax)  816-216-5518 866-775-7902 (fax)
Loss Control	Aon Risk Services 4801 Main Street, Ste 350 Kansas City, MO 64112	Mark Valentine Mark.valentine@aon.com	816-698-4611 816-698-4665 (fax) 816-678-2831 (cell)
General Information	KADA 731 S. Kansas Ave Topeka, KS 66603-3807	Don McNeely dmcneely@kansasdealers.org	800-279-8566 785-233-1462 (fax)