

# Tuttle & Traina Insurance Agency, Inc.

44 Main Street, Post Office Box 489, Sterling, Ma 01564-0489  
 Phone: (978) 422-7700  
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## Insurance Account Services

Richard C. Traina  
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### WORKERS COMPENSATION

Name of Company: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Bureau ID Number: \_\_\_\_\_

Experience Modification: \_\_\_\_\_

Completion Date: \_\_\_\_\_

**Attachments Required**

(X) Copies of last four (4) 941's  
 (X) Letter to the Bureau for mods.  
 (X) Statement of "Losses"  
 (X) Copy of current WC policy  
 ( ) Two, signed, ERM-14 forms  
 ( ) Two, signed MA applications

1. List all states in which operations are currently taking place:

| Loc # | State Name | Location Address | No. of EEs |
|-------|------------|------------------|------------|
|       |            |                  |            |
|       |            |                  |            |
|       |            |                  |            |

2. Payrolls, number employees, etc.:

| Location No. & State | No. of EEs | Class Code | Description of Operations | Payrolls |
|----------------------|------------|------------|---------------------------|----------|
|                      |            |            |                           |          |
|                      |            |            |                           |          |
|                      |            |            |                           |          |
|                      |            |            |                           |          |
|                      |            |            |                           |          |
|                      |            |            |                           |          |
|                      |            |            |                           |          |
|                      |            |            |                           |          |
|                      |            |            |                           |          |
|                      |            |            |                           |          |
|                      |            |            |                           |          |

**LETTER AUTHORIZING THE RELEASE OF EXPERIENCE MODIFICATION AND RATING**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

To: **Workers Compensations Rating & Inspection**  
**Bureau of Massachusetts**  
**101 Arch Street**  
**Boston, Ma 02110**

Re: Authorization to Release Experience Modification and Rating Information

Dear Bureau Underwriter:

Please send a copy of the Experience Modification Calculations and Rating Information for

\_\_\_\_\_, to:

**Tuttle & Traina Insurance Agency, Inc.**  
**44 Main Street**  
**Post Office Box 489**  
**Sterling, Ma 01564-0489**

Sincerely,

By: \_\_\_\_\_

\_\_\_\_\_  
Print Name & Title

cc: Tuttle & Traina IAI  
file

**LETTER FOR AFFIRMATION OF NO LOSSES OR OCCURRENCES BY ASSURED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

**To: Tuttle & Traina Insurance Agency, Inc.**  
**44 Main Street**  
**Post Office Box 489**  
**Sterling, Ma 01564-0489**

**Re: AFFIRMATION OF NO LOSSES OR OCCURRENCES BY ASSURED**  
**LOSS CERTIFICATION FORM**

Dear Mr. Traina:

I, \_\_\_\_\_, President of \_\_\_\_\_, verify and warrant there have been no claims or occurrences in the last Five years (5), which may lead to a claim, and I have no knowledge or information of any act, incident or action which might reasonably be expected to give rise to a claim against the insurance coverages applied for except as listed below or attach a separate listing: (if None write "NONE")

| <u>Date of Loss</u> | <u>Description of Loss</u> | <u>Amount Paid</u> | <u>Date Settled</u> |
|---------------------|----------------------------|--------------------|---------------------|
| _____               | _____                      | _____              | _____               |
| _____               | _____                      | _____              | _____               |

I have read and understand this form. Any questions I had regarding this form have been answered by **Tuttle & Traina Insurance Agency, Inc.**

\_\_\_\_\_

Signed By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_