



Application for Additional Coverage to Meet Standards of Federal Black Lung Law

The undersigned, an employer of labor in Ohio, hereby makes the following declaration for the purpose of enabling the Industrial Commission of Ohio and/or the Ohio Bureau of Workers' Compensation (BWC) to grant additional coverage to meet the standards of the Federal Black Lung Law, in the business conducted by said undersigned, and to fix the rate of additional premium therefore, and to name the aggregate amount of premium to be paid to BWC.

BWC
Black Lung number
Effective date

Section I - General information
1 Employer's name State-fund policy number
2 Trade name Federal employer's ID number
3 Office address County Telephone number
4 City, State, ZIP code
5 Check whichever entity applies and complete the appropriate information.
[] Partnership [] Corporation Date of Incorporation State of Incorporation Charter Number
[] Individual [] Association

Section II - Operations
6 Check type of operation.
[] Coal Mining - Underground
[] Coal Mining - Surface or Strip
[] Black Lung - Additional coverage NOT INCIDENTAL TO COAL MINING OPERATIONS
7 Table with columns: Location of operation in Ohio, Nature of operation, Estimated average number of employees, Estimated total payroll for next eight months

Section III - Signature
8 I, _____, by subscribing my name
(Please print your name)
certify I have the authority to execute this application, and that the facts set forth on this application are true and correct to the best of my knowledge and belief.
Employer's signature Date

Below is for official use only

Table with 6 columns: Manual number, Manual description, Employer, Estimate, Rate (basic, risk), Premium