

WORKER'S COMPENSATION QUOTE REQUEST

Business Name		dba	
Mailing Address		City	State Zip
Phone	Email	Contact Name	
REQUESTED EFFECTIVE DATE: _____			

Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> Other _____			
Years in Business	Federal Tax ID number	# of Locations	

LOCATIONS – Each location must be listed for coverage to apply

	Street	City	County	State	Zip Code
1					
2					
3					

****List partners, officers, relatives working in the business and if they should be Included or Excluded from coverage**

#	Name	Birth Date	Title / Relationship	Duties Performed	Include or Exclude	Payroll Amount	Percent of Ownership
1							
2							
3							

Included Owners/Officers may be required to pay premium for amounts higher than actual salary depending on your state minimum requirements

Employees – DO NOT include Partners/Officers shown above

State of Employment	Location Number	Duties Performed (ie: Clerical/Coach/Manager)	Employees		* Estimated Annual Payroll
			#Full Time	#Part Time	

Do you have Workers Compensation now? YES NO (If yes, complete the following showing the last 5 years)

Effective Date	Company & Policy Number	Annual Premium	# of Claims	Amount Paid

If you have a Workers Compensation policy, please return the following items with your quote request:
1) Copy of current policy (1st pages), 2) Copy of Loss Runs for last 3 years, 3) Last four quarterly 941 forms

Has there been a change in ownership within the last 3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, explain below Explanation:	Do you have any volunteers? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, explain duties performed below Explanation:
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Sign Here



_____ Name

_____ Date

***Workers Compensation Policies are rated based on “estimated” payroll. Policies will be audited at the end of the policy term and premium will be adjusted based on “actual” payroll. Be sure to check with you state to see if this coverage is mandatory!**