

WORKERS COMP QUOTE

REFERRED BY _____ TAKEN BY _____ DATE _____

BUSINESS NAME _____ HOME #(____) _____

MAIL ADDRESS _____ WORK #(____) _____

CITY / ZIP _____ FAX #(____) _____

E-MAIL _____ CELL #(____) _____

CONTACT NAME _____ FED ID # _____

BUSINESS DESCRIPTION _____

CURRENT INS. CO. _____ HOW LONG _____ REN. DATE _____

CLAIMS PAST 3 YRS Y / N _____

* ORDER 3 YRS LOSS RUNS

EMPLOYEE'S: FULL TIME _____ PART TIME _____ ANNUAL PAYROLL _____

EMPLOYEE CLASSIFICATIONS: (Job description / Full & Part time Employees/ Annual \$

1) _____ # F/T _____ #P/T _____ PAYROLL _____

1) _____ # F/T _____ #P/T _____ PAYROLL _____

1) _____ # F/T _____ #P/T _____ PAYROLL _____

OFFICERS AND RELATIVES TO BE _____ INCLUDED OR _____ EXCLUDED (List all below)

1) NAME _____ DOB _____ TITLE _____

2) NAME _____ DOB _____ TITLE _____

3) NAME _____ DOB _____ TITLE _____

4) NAME _____ DOB _____ TITLE _____

5) NAME _____ DOB _____ TITLE _____

COMMENTS: _____
