



Please complete the following information for a Work Comp Quote

- 1) Business Name:
- 2) Entity Type (LLC, Corp, etc.):
- 3) Federal ID/FEIN:
- 4) Year Business Established:
- 5) Location/Physical Address:
- 6) Mailing Address:
- 7) Contact Name:
- 8) Contact Number:
- 9) E-mail:
- 10) Brief description of business and operations:
- 11) How many years of experience do you have in this line of business (if new venture)?
- 12) Number of Employees: Part-Time: _____ Full-Time: _____
- 13) Estimated Annual Payroll: Part-Time: _____ Full-Time: _____
- 14) Do officers want to be covered? If yes, write the number of officers and payroll to be included
- 14) Attach copy of Work Comp Policy (if applicable).
- 15) If you have a current insurance plan in place, please provide Work Comp Loss History.
- 16) How often are the employees paid? Monthly/Weekly/Semi-Monthly/Bi-Weekly 17) Who is currently handling your payroll?

If you answer "yes" to any of the following questions, please explain.

- 1) Do any staff members own, operate, or lease aircraft/watercraft? Yes ☐ No ☐
- 2) Are sub-contractors used? Yes ☐ No ☐
- 3) Any work sublet without certificates of insurance? Yes ☐ No ☐
- 4) Is a written safety program in operation? Yes ☐ No ☐

- 5) Is there any group transportation provided? Yes ☐ No ☐
- 6) Are there any employees under 16 or over 60 years of age? Yes ☐ No ☐
- 7) Are there any seasonal employees? Yes ☐ No ☐
- 8) Is there any volunteer or donated labor? Yes ☐ No ☐
- 9) Do any employees have physical handicaps? Yes ☐ No ☐
- 10) Do employees travel out of state? If yes, state the following: Yes ☐ No ☐
- a. Average duration of trip?
 - b. Anticipated states?
 - c. Number of trips per year?
- 11) Are physicals required after offers of employment are made? Yes ☐ No ☐
- 12) Any prior coverage declined/cancelled/non-renewed (last 3 years)? Yes ☐ No ☐
- 13) Are employee health plans provided? Yes ☐ No ☐
- 14) Is there a labor interchange with any other business/subsidiary? Yes ☐ No ☐
- 15) Do you lease employees to or from other employers? Yes ☐ No ☐
- 16) Is there any current or anticipated debt for unpaid premiums owed to any previous worker's compensation provider? Yes ☐ No ☐
- 17) Has there been any lapse in worker's compensation coverage? Yes ☐ No ☐
- 18) Have there been any losses in the last four years? Yes ☐ No ☐
- 19) Does this business have any locations outside of the state? Yes ☐ No ☐
- 20) Does this business have a website? Yes ☐ No ☐
- 21) Is this a newly established business? Yes ☐ No ☐
- 22) Is the travel radius greater than 200 miles? Yes ☐ No ☐