

Basic Application

# WORKERS COMPENSATION



Commerical Insurance    Personal Insurance  
PEO-Employee Leasing

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***Basic WORKERS COMPENSATION Application***

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ FEIN: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

# of Employees	Job Description	Total Payroll
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Anticipated Annual Revenues (Gross Sales)

2008

Current Insurance Provider (Company, not Agency) \_\_\_\_\_

Current Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Any Losses within the last 5 years (please list): \_\_\_\_\_

Subcontractors used?  Yes  No % of operations subs utilized \_\_\_\_\_

Sub contractor payroll/cost \_\_\_\_\_

Type of work sub contracted: \_\_\_\_\_

License type and # \_\_\_\_\_

Maximum Height Exposure \_\_\_\_\_ ft.