

Worker's Compensation Quote Information

Company Name: _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

Location 1 Address: _____

Location 2 Address: _____

Payrolls (annual):

Arcitects/Engineers _____

Surveyors _____

Drafting _____

Accountants _____

Attorneys _____

Clerical _____

***Please also list number of employees in each class.**

Owners & Officers: ____ Covered ____ Excluded*

*Do not include payrolls for anyone excluded.

Federal Employee I.D. Number: _____

Current WC Insurance Carrier: _____

Expiration Date: _____

Experience Modifier: _____

Have you had any worker's compensation claims within the past 3 years? _____

If yes, please explain: _____

Need by date: _____

Fax to 480.368.1702