

**General Information**

Company Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owners      1. \_\_\_\_\_  
                 2. \_\_\_\_\_  
                 3. \_\_\_\_\_  
                 4. \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_ Inspection Contact \_\_\_\_\_

Federal ID # \_\_\_\_\_ Year Business Started \_\_\_\_\_

Legal Entity Type:      Corp.    Sole Prop.      Partnership      LLC

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Description of operations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Loss runs

**Workers Compensation**

1. Who is your current work comp carrier \_\_\_\_\_

2. How long have you been with this carrier \_\_\_\_\_

3. Payroll information

Class code (work description)

Annual Payroll

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. What is your current experience mod? \_\_\_\_\_

Please note that quoting workers compensation requires loss runs or claims history unless you are a new business or have not had workers compensation before. If you have been in business but have not previously carried workers compensation, please give a brief explanation why. \_\_\_\_\_

\_\_\_\_\_