

Workers Compensation Insurance Quote Form

Producer: _____

Date: _____

General Information

Business Name: _____

Address: _____

Phone: _____

Email: _____

Contact Name: _____

Website: _____

Description of Operation: _____

Legal Entity (Corp, LLC, etc.): _____

FEIN #- _____

Years in Business: _____

Current Insurance Company: _____

Current Annual Premium: _____

Years with Current Insurance Company: _____

Renewal Date: _____

Number of Owners: _____

Number of Part Time Employees: _____

Number of Full Time Employees: _____

Gross Annual Sales: _____

Are the business owners covered or exempt?

Covered _____

Exempt _____

Do you have an NCCI Experience Modification Factor on your Workers Comp Policy? – It would be represented by a decimal that can be a discount or an additional charge. This factor is based on your claims history.

Have Mod: _____ If yes, current Mod: _____

Please list the different types of employees that you have and the total payroll for all of this kinds of employees combined:

Type of Employee	# Full-Time	# Part-Time	Annual Payroll Total
<i>Example- Clerical Office</i>	<i>1</i>	<i>1</i>	<i>52,000</i>
<i>Industry Specific Example #2</i>			

Additional Information: