

## Workers Compensation Quote Request Form

Applicant Name:

FEIN or SSN:

Legal Entity:

Mailing and Physical Address:

Proposed Effective date:

Years in Business:

Number of employees part time and full time:

Estimated annual payroll per classification:

Any prior claims, explain:

Description of operations (provide website also):

Any prior insurance, explain (please provide a copy of the current dec page if possible):

### **Applicant contact information:**

Name

Phone number

Fax number

E-mail