

Workers Comp Quote Worksheet

Business Name: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Cell: _____

Website: _____ E-mail: _____

What is your Entity? _____
(Corporation, LLC, Partnership, ect.)

What is your EIN# _____

What year was your business established? _____

LOCATION QUESTIONS

How many locations do you have in total? _____ In what State: _____

Workers Compensation Quote:

1. How many Employees do you have currently? _____

2. Have you had any WC claims in the last 3 years? _____

3. Please list Executive Officers/Owners/Parters?
(Name, Date of Birth, Title, Include or Exclude?)

Classification for Rating:

Employee by Job Description	Number of	Annual Payroll
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Example

<u>Engineer</u>	<u>2</u>	<u>\$151,000</u>
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<u>Drafting</u>	<u>1</u>	<u>\$56,000</u>
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<u>Clerical Office Staff</u>	<u>2</u>	<u>\$48,000</u>
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