WORKERS' COMPENSATION SURVEY

Applicant Legal Name: _____ DBA Name: _____

Years In Business: _____ If less than One Year, How many years experienced: _____

Business Entity: ❑ Indivdual ❑ Partnership ❑ Corporation ❑ LLC ❑ Other: *(describe)*_____

Contact Name: _____ Office Phone: _____ Mobile Phone: _____ Email: _____

Mailing Address: _____

***FEIN#** or SSN# *(*required)*: _____ NCCI Risk ID (if applicable): _____ Experience MOD (if applicable): _____

Verbal Disclosure IF Collecting Social Security Numbers:
Several Carriers require the OWNER's SSN# for accurate rating. In connection with this application for insurance, a carrier may review a consumer credit report and use an insurance loss evaluation score which is based on credit related characteristics. They will use a third party in connection with the development of your insurance loss evaluation score. Entry of the SSN# on this survey confirms the owner's acceptance to proceed where the info is needed.

Nature of Business | Description of Operations:

_____

_____

Locations

Loc#: ____ Street, City, State, Zip: _____

Loc#: ____ Street, City, State, Zip: _____

Loc#: ____ Street, City, State, Zip: _____

Policy Information:

Proposed Eff Date: _____ Proposed Exp Date: _____

Employers Liability Limits: (Each Accident / Disease - Policy Limit / Disease - Each Employee)

❑ $100K / $500K / $100K ❑ $500K /$500K / $500K ❑ $1MIL / $1MIL / $1MIL

Individuals Included / Excluded

Name: _____ Title/Relationship: _____ Ownership%: ____ Inc/Exc: _____ Annual Payroll: $_____

Name: _____ Title/Relationship: _____ Ownership%: ____ Inc/Exc: _____ Annual Payroll: $_____

Class Rating Information

Class Code:	Description:	#Full-Time:	#Part-Time:	Payroll:
_____	_____	_____	_____	$_____
_____	_____	_____	_____	$_____
_____	_____	_____	_____	$_____

Prior Carrier Information / Loss History

Prior / Current Carrier:	Annual Premium:	# Claims:	Amount Paid:	Reserve:	Open/Closed
_____	$_____	_____	$_____	$_____	_____
_____	$_____	_____	$_____	$_____	_____
_____	$_____	_____	$_____	$_____	_____

Applicant's Signature (Must be Officer, Owner or Partner)	Date	Producer's Signature