



WORKERS COMPENSATION QUICK QUOTE APPLICATION

THE FOLLOWING IS INFORMATION NEEDED TO GET A QUICK QUOTE INDICATION. THIS FORM CAN BE USED FOR MOST RETAIL AND WHOLESALE CLASSES; EXCLUDES CONTRACTORS.

IN ORDER TO BIND THE POLICY WE REQUIRE A FULLY COMPLETED ACORD APPLICATION.

1. APPLICANT NAME:.....
.....
2. MAILING ADDRESS:.....
.....
CITY.....STATE.....ZIP CODE.....
3. LOCATION ADDRESS:.....
.....
CITY.....STATE.....ZIP CODE.....
4. PHONE NUMBER:.....
5. EFFECTIVE DATE:.....
6. FEDERAL EMPLOYEE ID NUMBER:.....
7. NATURE OF BUSINESS/ DESCRIPTION OF OPERATIONS:.....
8. POLICY INFORMATION:
 - a. LIABILITY LIMIT: (Please Circle One)
 - i. 100,000 / 500,000 / 100,000
 - ii. 500,000 / 500,000/ 500,000
 - iii. 1,000,000/ 1,000,000/ 1,000,000
9. RATING INFORMATION:
 - a. CLASS CODE AND DESCRIPTION:.....
 - b. NUMBER OF FULL TIME EMPLOYEES:.....
 - c. NUMBER OF PART TIME EMPLOYEES:.....
 - d. ANNUAL PAYROLL:.....
10. YEARS IN BUSINESS:.....
11. PRIOR CARRIER/ LOSS HISTORY:.....