



Quote Target Date: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

Contact Person:		DBA Name:	
TAX ID:	WCIRB #	Legal Name:	
Phone #:	Email Address:	Fax #:	
Mailing Address:	City:	State:	Zip:
Physical Address:	City:	State:	Zip:

**Describe Type of Business Operation:** \_\_\_\_\_

Years In Business: \_\_\_\_\_ Company's Website: \_\_\_\_\_

**OWNERS-PARTNERS  
INDIVIDUALS INCLUDED/EXCLUDED**

NAME	DATE OF BIRTH	TITLE/RELATIONSHIP	Ownership %	DUTIES	INC/EXC	CLASS CODE	RENUMERATION PAYROLL

**EMPLOYEE & PAYROLL INFORMATION**

CLASS CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	#EMPLOYEES		ESTIMATED ANNUAL RENUMERATION PAYROLL
		FULL TIME	PART TIME	

**PRIOR INSURANCE INFORMATION/LOSS HISTORY**

PROVIDE INFORMATION FOR THE PAST 5 YEARS & USE THE REMARKS SECTION FOR LOSS DETAILS							LOSS RUNS ATTACHED	
	CARRIER'S NAME	POLICY#	EFFECTIVITY DATES	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
Current								
Year 2								
Year 3								
Year 4								
Year 5								

**I am also interested in the following:**

**(Please check all that's applicable)**

\_\_\_\_\_ GENERAL LIABILITY                      \_\_\_\_\_ BOND  
 \_\_\_\_\_ PROPERTY                                      \_\_\_\_\_ EPLI  
 \_\_\_\_\_ COMMERCIAL AUTO

**REMARKS:**