



INFORMATION TO QUOTE – WORKERS COMPENSATION

Company Name					
Company Address					
Complete Description of Business Operations:					
Policy Renewal Date			Yrs. In Business		
Federal ID #			Contractor's License #		
Estimated Payroll by Classification					
Class Code	Description	Estimated Payroll		# FT / PT Employees	
Officer or Partner Information					
Name	Title	Stock/Ownership %		Included or Excluded	
History	2011	2010	2009	2008	2007
Workers' Comp Carrier					
Policy #					
Total Payroll (all classes)					
Premium					