

WORKERS' COMPENSATION QUICK QUOTE

General Information

Applicant's Name: _____ FEIN: _____
(Federal Employer Identification Number)

Applicant conducts business as: Individual Corporation Partnership Other (Specify): _____

Location Information

Office Location 1

Address: _____

Estimated Annual Payroll: \$ _____ *Full Time:* _____ *Part Time:* _____
(classification 8820 – Attorneys/all employees) Number of Employees: _____

Office Location 2

Address: _____

Estimated Annual Payroll: \$ _____ *Full Time:* _____ *Part Time:* _____
(classification 8820 – Attorneys/all employees) Number of Employees: _____

Office Location 3

Address: _____

Estimated Annual Payroll: \$ _____ *Full Time:* _____ *Part Time:* _____
(classification 8820 – Attorneys/all employees) Number of Employees: _____

Equity Partner / Corporate Officer Information

Please list all Officers (of a Corporation) or Equity Partners (of an LLP)

<i>Name</i>	<i>Title</i>	<i>Percentage Ownership</i>	<i>Include or Exclude*?</i>
		%	
		%	
		%	
		%	
		%	

(if included, 2012 Maximum Payroll used \$104,000) *NOTE: All officers/partners who do not own stock must be covered.

Policy / Claim Information

Current Carrier: _____ Policy Term: _____

Any claims in the last 3 years? Yes No (If yes, please provide currently valued Carrier generated loss runs)

To the best of my knowledge, the information contained in this application form is accurate:

Signature: _____	Date: _____
Print Name: _____	Email: _____