



Work Comp Quote Questionnaire

Company Name: _____

DBA: _____

Contact providing info: _____ Title: _____

Business Type: S-Corp C-Corp LLC* Other (describe) _____

* If LLC, indicate if your business has elected to be treated as an S-Corporation by the IRS (via IRS Form 2553)

Business Address: _____

Phone: _____ Email: _____

FEIN: _____ Years in Business: _____

Owners: (Name, % ownership, DOB, Last four of Social)

1. _____
2. _____
3. _____

Nature of Business (please describe):

Number of Employees (not 1099's): Part Time (#) _____ Full Time (#) _____

Seasonal Business: NO YES # of months of "off season" each year _____

Please use your Declarations Page of your current work comp policy to provide the current class codes & job descriptions of your employees. Use payroll reports for annual payroll of your employees. **NOTE:** If no work comp or payroll info is available, please provide job descriptions & estimated annual payroll.

EX: Class Code / Description 8810 / Office Clerical Annual Payroll \$ \$45,000

1. Class Code / Description _____ Annual Payroll \$ _____
2. Class Code / Description _____ Annual Payroll \$ _____
3. Class Code / Description _____ Annual Payroll \$ _____
4. Class Code / Description _____ Annual Payroll \$ _____
5. Class Code / Description _____ Annual Payroll \$ _____