


Workers Compensation Information Sheet



Company						
Application Name (Contact Name)						
Mailing Address (Including Zip Code)						
Federal Employer ID #		ID #		Experience Mod: (If known)		
Phone Number	Cell Number		Fax Number		Email	
Location Address (Including Zip Code) # 1						
Location Address (Including Zip Code) # 2						
Current Coverage, Premium and Renewal Date						
Previous Coverage, Premium and Renewal Date (Total of Last Three Years)						
Previous Coverage, Premium and Renewal Date (Total of Last Three Years)						
Annual Payroll	# of Clerical Employee's	# of other Employee's	Officers of Company Included Excluded		Yrs in Business	State(s) Business Conducted
Detailed description of operations:						
Detailed description of operations:						