A description...

# Workers Compensation Questionnaire

Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Employer ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years in Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Business/description of operations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Insurance Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual Premium:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Limits of Liability requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Location # | Description of EE’s duties | # of full time EE’s | # of part-time EE’s | Estimated annual payroll |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Are any employees leased: \_\_\_\_\_ Any work performed over 15 ft:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any work performed over water or on vessels:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any work subcontracted out:\_\_\_\_\_\_\_\_\_\_ Certificates of insurance obtained:\_\_\_\_\_\_\_\_

Any Workers Comp claims in the last 5 years:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experience Modifier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3 year Hard copy loss runs:\_\_\_\_\_\_\_\_\_\_\_

# Executive Officers

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title & % ownership | Description of duties | Name of Officer | Included or Excluded | Estimated annual remuneration |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |