

# DMD INSURANCE SERVICES

3835 E Thousand Oaks Blvd #260

Westlake Village CA 91362

**805-405-7282** WWW.DMDINS.COM

California Insurance License #0568996

## Workers Compensation Specialty Program

**SAVE UP TO 35% in Costs!!!**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contractor's License# \_\_\_\_\_ Federal TAX ID #: \_\_\_\_\_

### Carrier Information for Past 3 years:

2019-2020: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2018-2019: \_\_\_\_\_

2017-2018: \_\_\_\_\_

### Estimated Annual Payroll by Class Code:

Class Code: \_\_\_\_\_ \$ \_\_\_\_\_ # Full Time \_\_\_\_\_ # Part Time \_\_\_\_\_

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Any other class codes: \_\_\_\_\_

Names of the Officers and Titles: \_\_\_\_\_

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Does your Company Provide Medical Insurance for your Employees: YES? \_\_\_ or NO? \_\_\_

Who does your payroll for the company? \_\_\_\_\_

Have you had a LAPSE in coverage over the past 4 years? YES? \_\_\_ or NO? \_\_\_

What date does your General Liability Package policy renew? \_\_\_\_\_

What Carrier is your General Liability Package policy with? \_\_\_\_\_

Do you authorize me to obtain a copy of your WCRIB rating worksheet? YES? \_\_\_

### If you do Any Construction, then please answer the following Questions:

New Construct \_\_\_ % Remodel % \_\_\_\_\_ Residential \_\_\_ % Commercial % \_\_\_\_\_

### PLEASE INCLUDE THE FOLLOWING ITEMS IF AVAILABLE:

A: COPY OF CURRENT WORK COMP DEC PAGES (1<sup>ST</sup> 5 PAGES)

B: ANY LOSS RUNS IF AVAILABLE

**PLEASE FAX THIS TO MY ATTENTION OR EMAIL IT TO US:**

**Dan DeBeikes dan@dmdins.com 805-405-7272 Fax: 800-778-3060**

**Please contact us with any questions**