

Request FREE Analysis

Completing the form below will show you how much you could be saving. If you have spoken to one of our representatives, please be sure to indicate their name on the form as well. Please review the check list to be sure you are sending in ALL the required information that our Consultants need to complete the report.

Questions? Call [704-573-0024](tel:704-573-0024) or your representative

After completing the survey below, please email this form and any additional documentation to CMAI@modprotector.com or Fax it to [704-573-0890](tel:704-573-0890)

Applicant Information

Date:

Capitol Marketing

Representative: *

Company: *

Years in Business: *

First Name: *

Last Name: *

Title: *

Address Street 1: *

Address Street 2:

City: *

Zip Code: *

State: *

Contact Information

Daytime Phone: *

Evening Phone:

Fax:

Email: *

Analysis Checklist

**** These items are required to get a preliminary report.**

Complete chart below with current W/C codes, annual payroll, # of employees & current W/C rates**

Current Experience Modification Factor**

Current SUTA rate**

A copy of your Workers Comp Insurance Declaration Page**

Note** Please send to CMAI@modprotector.com or fax to [\(704\) 573-0890](tel:(704)573-0890)

The most recent 3 years loss history

(report from your carrier that lists all claims for last 3 years)

Note** Please send to CMAI@modprotector.com or fax to [\(704\) 573-0890](tel:(704)573-0890)

Property Information

	Worker Comp Code	Annual Payroll/Code	# Employees	Current W/C rates
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Other Information

PLEASE NOTE:

Capitol Marketing Associates, Inc. reserves the right, at its sole discretion, to amend or withdraw this quotation if it becomes aware of any new, corrected or updated information that is believed to be a material change and consequently would change the original underwriting decision.

Comments:

I authorize that information I have put in is correct.