



RLIPack® Workers Compensation Quote Information

Proposed Effective Date: _____

Named Insured: _____

Mailing Address: _____

Entity Type: Sole Proprietor Partnership Corporation LLC/LLP Other: _____

Current Carrier: _____

Audit Contact Name: _____

- Loss History: No losses (Note: Have insured sign a statement of no losses if bound.)
 5 year Loss runs attached. (Note: Five year loss history required to qualify for UPCIP.)
 Quote subject to acceptable loss history.

Federal Employers ID Number: _____

NCCI Risk ID Number (If available): _____

Other Bureau ID or State Employer Registration Number (If available): _____

Experience Mod: _____

Does the applicant own, operate or lease aircraft? Yes No

Employers Liability Limits

- \$100,000 Each Accident / \$500,000 Policy Limit Disease / \$100,000 Each Employee Disease
 \$500,000 Each Accident / \$500,000 Policy Limit Disease / \$500,000 Each Employee Disease
 \$1,000,000 Each Accident / \$1,000,000 Policy Limit Disease / \$1,000,000 Each Employee Disease

Expiration Date: _____

Optional Coverages

- Waiver of Subrogation Blanket Specific
 Voluntary Compensation
 U.S.L. & H.
 Other Coverage: _____

Estimated Payrolls

Class Codes/Duties	# of Employees	Estimated Payroll

Officer, Partners & Individuals To Be Included Or Excluded (If including, please add payroll to appropriate class code above.)

Name	Title	Class Code/Duties	Include Or Exclude	Ownership Percentage