

WORKERS' COMPENSATION APPLICATION

CONTACT INFORMATION

Contact Name:	
Business Name:	
Phone:	Fax:
E-mail:	Website:
Federal ID Number:	Years In Business:

CURRENT POLICY INFORMATION

Proposed Effective Date:	Experience Modification:
Sign below if you do not know your modification and would like us to obtain for free with no obligation.	
Sign _____	Title _____ Date _____

PRIOR LOSS INFORMATION (IF YOU HAVE LOSS RUNS ATTACH TO APPLICATION)

Have there been any workers' compensation claims in past three years? If so explain below or attach to separate paper.

LOCATIONS (COMPLETE ADDRESS)

1	
2	
3	
4	

PLEASE CONTACT OUR OFFICE IF YOU HAVE ANY QUESTIONS WITH THIS APPLICATION

RATING INFORMATION

Location #	Class Code	Classifications / Duties	Payroll (annual)

GENERAL INFORMATION

	Explain All "Yes" responses	Y or N
1	Do you own or lease aircraft / watercraft?	
2	Do you have past, present or future operations in regards to hazardous materials?	
3	Any work performed underground or above 15 feet?	
4	Any work performed on barges, vessels, docks, bridge over water?	
5	Are you engaged in any other type of business?	
6	Are subcontractors used? (If "Yes" give % of work subcontracted)	
7	Any work sublet without certificates of insurance? (If "Yes", include payroll with Rating Information)	
8	Is a written safety program in operation? If not we provide free of charge to our clients.	
9	Any group transportation provided?	
10	Any employees under 16 or over 60 years of age?	
11	Any seasonal employees?	
12	Is there any volunteer or donated labor?	
13	Any employees with physical handicaps?	
14	Do employees travel out of state? (If "Yes" indicate state(s) of travel and frequency)	
15	Are athletic teams sponsored?	
16	Are employee health plans provided?	
17	Do any employees perform work for other businesses or subsidiaries?	
18	Do you lease employees to or from other employers?	
Explain all "Yes" answers below		

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**FIRST CHOICE INSURANCE AGENCY
P.O. BOX 150337
ALEXANDRIA, VIRGINIA 22315**

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