

WORKERS COMP QUESTIONNAIRE

Owner's Name: _____ **Date of Birth:** _____

Additional Owners/Partners: _____ **Date of Birth:** _____

Business Name: _____

DBA: _____

EIN: _____ **Years in Business:** _____

Business Location: _____

Mailing Address: _____

Phone: _____ **Email:** _____

Type of Entity: _____ **Estimated Annual Payroll:** _____

Estimated Annual Sales: _____

FT Employees: _____ **# PT Employees:** _____

of Male Employees: _____ **# of Female Employees:** _____

Hours of Operation: _____

Description of Operations:

Current Carrier: _____ **Renewal Date:** _____

Loss History: _____

