



Workers' Compensation Request

Contact Name: _____

Tax ID Number: ____--____

Company Name: _____

Corporation LLC Individual Partnership Non-Profit

Other _____

Brand or Label: _____

E-Mail: _____ Phone: _____

Website: _____

Mailing Address: _____

Management

Years in business: _____ New Venture Home based business

Describe business experience in this industry: _____

Does applicant currently carry Insurance? Yes No

Expiration Date _____ Carrier _____

Any prior insurance claims or losses submitted to insurance past 4 years? No

Yes, date and amount: _____

Any prior bankruptcy No Yes If yes, when: _____

KULCHIN ROSS INSURANCE SERVICES dba: Apparelinsurance.com
 18757 Burbank Blvd., #320, Tarzana, CA 91356 License 0167833
 818-968-1354 cell / Fax: 818-479-9779 /
 Bill@Apparelinsurance.com

Officers/Ownership

<u>Name & Title</u>	<u>Ownership Percentage</u>	<u>Include or Exclude</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payroll Estimates

Job Duty Codes:

- 2501: Clothing Manufacturing
- 8032: Stores, Wholesale Clothing
- 8017: Stores, Retail Clothing
- 8810: Clerical Office Employees
- 8742: Salespersons Outside, Collectors, Messengers

<u>Code</u>	<u>Number of Employees</u>	<u>Annual Payroll Estimate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

UNDERWRITING

- 3) **Employee Benefits** None
- A. **Health & Disability** No Yes
Health Insurance Carrier: _____
- B. **Probationary Period for new hires:** _____
- C. **Percentage of premium employer pays:** _____% for employee
 _____% for dependents
- D. **Percentage of total employees on the plan:** _____
- E. **Sick Leave Days** _____ # Days Paid _____ # Days Unpaid
- F. **Vacation Days** _____ # Days Paid _____ # Days Unpaid

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- 4) **Safety Program**
- A. **Do you have a Program?** Yes No
- B. **Incentive Program** Yes No
- C. **Written Safety Program** Yes No
- D. **Machinery guards** Yes No N/A

- 5) **Hiring & Screening**
- A. **Applications Used** Yes No
- B. **References Checked** Yes No
- C. **Physical Exams** Yes No
- D. **Drug Testing** Yes No

6) **Return to Work Program** Yes No

7) **Union Labor** Yes No

8) **Staffing** **Average Number of Employees**
 Total Number of W2's for yr.end

9) **Subcontractors** Yes No
Certify workers' comp. to you Yes No

10) **Sponsor Athletic Teams** Yes No

11) **Out of State Travel** Yes No

12) **Watercraft or Aircraft owned, leased or operated** Yes No

13) **Prior Insurance Carrier:** _____

14) **Any claims or losses 4 years:** _____

Completed by: _____

Dated: _____