

Workers compensation application



DBA:		Owner:	
Contact:		EIN:	
Email:		CSLB license # & type:	
Cell:	<input type="checkbox"/> Sole <input type="checkbox"/> Corp <input type="checkbox"/> LLC	Years w insurance:	
Mailing:		Current WC expires:	
City & zip:		Total employees:	Total owners:
Today's date:		Source:	SP code:
Employee info			
Class code	Duties	Total payroll	Number of full & part time
		\$	
		\$	
		\$	
Owner info			
Owner name		Title	Ownership percentage
			%
			%
			%
Insurance history			
Carrier & policy number		Payroll	Premium
2017:		\$	\$
2016:		\$	\$
2015:		\$	\$
Narrative of operations			

The insured affirms and certifies the above is true and correct to the best of their knowledge: