LICENSE #	CONTACT NAME

PHONE #	FAX#

FEIN# (FEDERAL ID#)	OR SSN#

IF PRIOR INSURANCE:

CLASS CODE	PAYROLL	#FT	#PT	HRLY WAGE

PRIOR YEARS BASIS INFO:

YEAR	GROSS RECEIPTS	PAYROLL	LOSSES (YES OR NO)	PREMIUM
2016				
2015				
2014				

2025 ESTIMATED ANNUAL:

GROSS RECEIPTS	FIELD PAYROLL	SUB COST

ADDITIONAL QUESTIONS	YES	NO	NOTES OR EXPLANATION
Any Independent contractors(1099? without insurance)			
Any work over 2 stories?			If yes, how high_____ft.
Do you work below grade?			If yes, max depth____ft
Any Employee Health Plans provided?			
Any Employees under 16 or over 60?			
Any Prior Claims?			If yes, explain.
Any bankruptcy in last 5 years?			

DESCRIPTION OF WORK DONE BY EMPLOYEES:

Individual (Owners/Officers) INCLUDED/EXCLUDED

NAME	DATE OF BIRTH	TITLE	% OWNERSHIP	DUTIES	INC/EXC	ANNUAL PAYROLL