

Worker's Compensation Premium Proposal Worksheet

Company Name:		FEIN # / (Tax ID #):		
Type of Entity (check one): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation				
Address:		City:	State:	ZIP:
Contact Name:		Owner Name:		
E-Mail:		Contact Phone:	Contact Fax:	
Current Carrier:	<u>BROKER?</u>	Policy #:	Renewal Date:	
Current Premium:		Experience Mod:	# of Years in Business:	<u>NEED TO KNOW BY:</u>
Any Increase in Payroll Last Year? __ Yes __ No		Any Claims in the Last Year? __ Yes __ No		

Employee Information

Class Code	Description	# of Employees	Estimated Annual Payroll	Payroll Processing?

GENERAL LIABILITY:

1. What are your Gross Annual Receipts?
2. What Percentage of Work Performed is Residential?
3. What Percentage of your work is sub-contracted?
4. What type of work do you subcontract?
5. Do you do any foundation work?
6. Do you work on Condos?
7. Are employees paid over \$18 per hour?
8. What is the name of your current GL Carrier?
9. What is your Current GL Premium?