

**WORKERS COMPENSATION QUOTE PROGRAM – AUTO REPAIR GARAGE**      Date \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ POSITION \_\_\_\_\_

MAIL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CELL \_\_\_\_\_

Years in Business \_\_\_\_\_ We will need your Federal ID \_\_\_\_\_ (You can call us or email us)

Type of Business:     Corp     LLC     Sole Prop     Partner     Other \_\_\_\_\_

Owners:      Name                      Title                      % Owned

\_\_\_\_\_  
\_\_\_\_\_

Status of Submission : Are You Currently Insured?    Y    N

Quote - Need Quote Back: \_\_\_\_\_ : Number of Years Insured \_\_\_\_\_

Your Normal Renewal Date \_\_\_\_\_ : Name of Current Insurance Company: \_\_\_\_\_

Full Description of Business Operations:

**WORKERS COMPENSATION SECTION**

Are you Experience Rated:    Y    N    If so what is your Current Experience Mod Rate \_\_\_\_\_

Class Code	Description of Work	# Full	#Part	Payroll
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Owners Included / Excluded

Name	Title	Duties	% Owner	Are Owners Included or Excluded
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe all claims paid and losses – Use back if necessary: