

Your First Step in establishing a program that will provide excellent coverage is to complete the following questionnaire. Your information will be Processed against over 100 different companies and a proposal will be created. Providing as much information as possible will give you the best chance to get excellent rates.

Looking for Workers Compensation Insurance

Bridenstine and Associates Fax 612-395-5233

Contact First Name _____ Contact Phone Number _____
 Contact Last Name _____ Fax _____
 Your Company Name _____ Your Web Page Address _____
 Mailing Address 1 _____ Email _____
 Mailing Address 2 _____ Evening Phone _____
 Mailing City _____ State _____ Zip Code _____ Cell Phone _____

Contact Notes _____ Title or _____
to be insured

Location Address 1 _____
 Location Address 2 _____
 Location City _____ State _____ Zip Code _____

Annual Sales _____
 Annual payroll _____
 Number of Employees _____
 Payroll Excluding Owner _____
 Prior Insurance Description Past 3 Years (Company Name, Year's Covered) _____

Years in business _____

Business Type Individual Corporation Partnership
 Joint venture LLC Other

Premises Type Owner Owner-Lessor Service
 Off ice Habitational

Program Retail Wholesale Service
 Off ice Habitational

Description of operations _____

Employers Liability _____ \$300,000, \$500,000, or \$1,000,000

Loss History (Descriptions, Dates, Amount paid) _____

Remarks _____

Prior work comp carrier _____

INSURANCE RATING INFORMATION (required)

Class code (if known)	List duties of each type of employees, clerical, sales, carpentry or etc.	Number of employees		Next 12 Months Estimated Annual payroll
		Part Time	Full Time	
				\$
				\$
				\$
				\$
				\$

Experience modification, if any: _____

Have there been any workers' compensation losses in the past three years? (Use your mouse to check one)

Yes No

If "yes," please give the dollar amount of total losses: \$ _____

2. Board of Directors, Corporate Officers, General Partners, Sole Proprietors

Name	Title	Duties	SSN	Percent of Ownership	Approximate Annual Salary

2a. _____
Federal Employer ID# (FEIN - 9 Digit Number)

2b. _____
Unemployment Account # (UI Code - 1 0 Digit Number)

The following named individuals who are subject to the election of coverage are to be covered by this policy List only the individuals who elect coverage

Name or Person to be insured	Title or Relationship	Duties	Estimated Remuneration or Draw - included in Section IV

1 . Completely describe business and operations:

2. Do you lease employees to or from another company?

Yes, I (we) lease employees to other companies*

Yes, I (we) lease employees from other companies

No

If not, are you a temporary help agency?

Yes

No