



# Staffing Agency Workers' Compensation Application

Complete entire form and email to [Sales@BankersInsurance.net](mailto:Sales@BankersInsurance.net) or fax to (800) 899-0146.

Your Business Information	
Business Name: _____ Mailing Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____ Email: _____ Website: _____ Inspection Point of Contact: _____ Accounting Point of Contact: _____	Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop <input type="checkbox"/> FEIN or SSN: _____ Year Business Started: _____ Year Experience in Field: _____ Current Insurance Company(s): _____ _____ Policy Period: _____ Total Yearly Premium(s): _____
<b>Street Address.</b> List at least one address per state where business is conducted. Main Office, Location 1: _____ Location 2: _____ Location 3: _____ Location 4: _____ Location 5: _____ Location 6: _____ Location 7: _____ Location 8: _____	
<b>Include with this application</b> <input type="checkbox"/> Five-year, currently-valued (no more than 60 days old) loss runs. If in business/insured for less than five years, send what you have. <input type="checkbox"/> Explanation of any losses over \$25,000. Please detail any measures taken to prevent a repeat. <input type="checkbox"/> Current NCCI experience modification worksheet. Only applicable for businesses in operation 4 years or more. To obtain yours free, call NCCI at 800.622.4123.	
<b>Insurance Limits</b> <input type="checkbox"/> \$100,000/\$500,000/\$100,000 <input type="checkbox"/> \$500,000/\$500,000/\$500,000 <input type="checkbox"/> \$1,000,000/\$1,000,000/\$1,000,000	



**I would like to hear more about insurance for**

	<u>Yes</u>	<u>No Thank You</u>
Property / Contents	<input type="checkbox"/>	<input type="checkbox"/>
General Liability	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>
Employment Practices Liability	<input type="checkbox"/>	<input type="checkbox"/>
Employee Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	<input type="checkbox"/>	<input type="checkbox"/>
Business Income With Extra Expense	<input type="checkbox"/>	<input type="checkbox"/>
Directors and Officers	<input type="checkbox"/>	<input type="checkbox"/>
Fiduciary Liability	<input type="checkbox"/>	<input type="checkbox"/>
Employee Benefits Liability	<input type="checkbox"/>	<input type="checkbox"/>
Health – Group or individual	<input type="checkbox"/>	<input type="checkbox"/>
Life – Group or individual	<input type="checkbox"/>	<input type="checkbox"/>
Disability – Group or individual	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care – Group or individual	<input type="checkbox"/>	<input type="checkbox"/>

**Other Comments/Questions/Information**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Bankers Insurance, LLC**  
Toll-Free: (877) 606-1375 • Fax: (800) 899-0146  
**Web:** [www.BankersInsurance.net](http://www.BankersInsurance.net) • **Email:** [Sales@BankersInsurance.net](mailto:Sales@BankersInsurance.net)