

Staffing Agency  
Workers’ Compensation Application

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

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| **Your Business Information** | |
| Business Name:  Mailing Address:  City, State, Zip:  Phone:  Fax:  Email:  Website:  Inspection Point of Contact:  Accounting Point of Contact: | Corp  LLC  Sole Prop  FEIN or SSN:  Year Business Started:  Year Experience in Field:  Current Insurance Company(s):    Policy Period:  Total Yearly Premium(s): |
| **Street Address.** 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: | |
| **Include with this application**  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.  Explanation of any losses over $25,000. Please detail any measures taken to prevent a repeat.  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. | |
| **Insurance Limits**  $100,000/$500,000/$100,000  $500,000/$500,000/$500,000  $1,000,000/$1,000,000/$1,000,000 | |

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| **Payroll Information** | | | | | |
| All payroll estimates yearly  **In-house Payroll Information**  Clerical only. Exclude owner / officer payroll listed below.  $  **Owners/Officer information**  Complete for any owner / officer with over 5% ownership interest.  Name Date of Birth Ownership % Include/Exclude? Payroll Estimate                          $                          $                          $                          $  **Temp Employee Payroll Information** | | | | | |
| **State** | **What does your**  **CLIENT do?** | **What do your**  **TEMP EMPLOYEES do?** | **Approx No. of EE's** | **Annual Payroll Estimate** | **Internal Use**  **Class Code** |
| TX | Example: Building materials retailer | Example: Drive forklifts. Work in lumber yard. Pick up trash | 4 | $100,000 |  |
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| **I would like to hear more about insurance for** | | | |
| Property / Contents  General Liability  Professional Liability  Employment Practices Liability  Employee Dishonesty  Umbrella Liability  Business Income With Extra Expense  Directors and Officers  Fiduciary Liability  Employee Benefits Liability  Health – Group or individual  Life – Group or individual  Disability – Group or individual  Long Term Care – Group or individual | **Yes** | **No Thank You** |  |

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| **Other Comments/Questions/Information** |
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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)