

Staffing Agency
Workers’ Compensation Application

Complete entire form and email to 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 PropFEIN 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 / ContentsGeneral LiabilityProfessional LiabilityEmployment Practices LiabilityEmployee DishonestyUmbrella LiabilityBusiness Income With Extra ExpenseDirectors and OfficersFiduciary LiabilityEmployee Benefits LiabilityHealth – Group or individualLife – Group or individualDisability – Group or individualLong 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