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4490 Cox Road, Glen Allen, VA 23060

Phone: (877) 606-1375 • Fax: (800) 899-0146

**Web:** [www.Bankersinsurance.net](http://www.Bankersinsurance.net) • **Email:** [Sales@BankersInsurance.net](mailto:Sales@BankersInsurance.net)

Workers’ Compensation Application / Quote Sheet

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

|  |  |
| --- | --- |
| **Your Business Information** | |
| 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:  Drug Free Workplace Program?  Yes  No  Provide EE’s Health Insurance?  Yes  No  Current Work Comp Insurance Company(s):    Policy Period:  Total Yearly Premium(s): |
| Describe all your business operations. What does your business do?      Street Address of each location:  Location 1:  Location 2:  Location 3:  Include with this application:  Five-year, currently-valued loss runs (no more than 60 days old). 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 experience modification worksheet. Only applicable for businesses in operation 4 years or more. If your state is an NCCI state, contact them directly at 800.622.4123 to obtain yours for free.  Insurance Limits:  $100,000/$500,000/$100,000  $500,000/$500,000/$500,000  $1,000,000/$1,000,000/$1,000,000 | |
| **Payroll Information** | |
| All payroll estimates yearly  **Owner / Officer information**  Complete for any owner / officer with over 5% ownership interest.  Name Date of Birth Ownership % Include/Exclude? Payroll Estimate                          $                          $                          $                          $ | |

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| **Staff Payroll by Classification** | | | | | | | |
| **Location No.** | **What do your employees do?** | | | **Approx No. of EE's** | | **Annual Payroll Estimate** | **Internal Use**  **Class Code** |
| 1 | Example 1: Drive forklifts. Move wood around lumber yard. | | | 4 | | $100,000 |  |
| 1 | Example 2: Office / Clerical | | | 2 | | $50,000 |  |
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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** | |  | | |

Other Comments/Questions/Information:

Applicant’s Signature Date