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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

Workers’ Compensation Application / Quote Sheet

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

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| **Your Business Information** |
| 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:       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 / 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**[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |  |

Other Comments/Questions/Information:

Applicant’s Signature Date