ALASKACOMMERCIAL
INSURANCE BROKERS

550 E Tudor Rd. Ste 203
Anchorage AK 99503
P: (907) 644-8700 F: (907) 644-8701
www.akcommercialinsurance.com
info@akcommercialinsurance.com

# Workers Compensation Application

## Business Information

Business Name:_____ Phone:_____ Fax:_____

Address:_____ City:_____ State:_____ Zip:_____

Year Established:_____ Structure:_____ FEIN Number:_____

Email:_____ Website:_____

Description of Operations:_____

## Principal Information

First Name:_____ Middle Initial:_____Last Name:_____

Address:_____ City:_____ State:_____ Zip:_____

Phone:_____ DOB:_____ SSN:_____

Email:_____

## Insurance Information

Proposed Effective Date:_____ Previous Carrier:_____

Policy Number:_____ Any Prior Lapse of Coverage: Yes No

Prior Losses if Any Date Amount of Loss

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**Employee Information**

Number of Employees: FT_____ PT: _____ Forecast Annual Payroll:_____

Job Title Description/Class Code Payroll

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Please attach an experience modification worksheet if able.

**Ownership Breakdown**

Name Ownershp Percentage Wages

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**Additional Requests or Comments**

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**Signature:_____ Date_____**