

IJU Agency Ltd.

Workers Compensation Form

(Please fill out to the best of your ability.)

Part I: Applicant Information

Name Insured: _____

Address To be Insured (City, State, Zip):

Email: _____ Phone: _____ Fax: _____

Type Of Business (LLC, Sole Proprietorship, Partnership, Corporation): _____

Mailing Address (If Different): _____

Website: _____ DBA: _____

Years In Business: _____ Federal Tax ID #: _____

When Did Your Business Begin Under Its Current Ownership: _____

What Is The Renewal Date Of Your Current Policy (If Applicable): _____

What Does Your Business Do:

Do You Own More Than 50% Of Another Business, Other Than The One Described (If So, Please Describe):

Part II: Employees & Payroll

Of Employees: _____ How Many Of These People Are Officers: _____

Of Full-Time Equivalent CPA's: _____

Of Full-Time Equivalent Non-CPA Accounting Professionals: _____

Of Full-Time Equivalent Non-CPA Business Consultants: _____

Of Full-Time Equivalent Supporting Staff: _____

What is the total annual payroll for your business: _____

What is the annual payroll for owners and officers: _____

Part III: Owners & Officers Information & Compensation

Please provide the estimated annual payroll (or other compensation for all Owners, Officers, Partners).

Person 1:

Name: _____ Title: _____

Address: _____

Percent Owned: _____% Estimated Annual Compensation: _____

Duties: _____

Person 2:

Name: _____ Title: _____

Address: _____

Percent Owned: _____% Estimated Annual Compensation: _____

Duties: _____

Person 3:

Name: _____ Title: _____

Address: _____

Percent Owned: _____% Estimated Annual Compensation: _____

Duties: _____

Part IV: Revenue

What will your revenue be for the next fiscal year:	\$
What is your revenue for the current fiscal year:	\$
What is your Revenue in the prior fiscal year:	\$
What was your revenue 2 fiscal years ago:	\$
What was your revenue 3 fiscal years ago:	\$

Part V: Service Details

(Directions: Please describe the percentage of your revenue that is attributed to the following services The total at the bottom must equal 100%.)

Audit	
Public Company Audit:	%
Other Audit:	%

Other Attest:	%
Financial Statement Review	
Bookkeeping:	%
Compile Financial Statements:	%
Review Financial Statements:	%
Tax	
Individual Tax:	%
Business Tax:	%
Estate Tax:	%
Financial Statement Review	
Sarbanes-Oxley Consulting:	%
Other Accounting Consulting Services:	%
Fiduciary Statutes:	%
Securities Activities:	%
Forecasts Projections:	%
Business Valuations:	%
Business Planning:	%
Litigation Support:	%
Financial Planners	
Financial Planning:	%
Investment Advisory Services (RIA's):	%
Total (Must Equal 100%):	%

Part VI: Insurance History

In the last 3 years have you had any losses? If so, please describe:

Notice

This information is not an offer to sell insurance. Insurance coverage cannot be bound or changed via submission of this online form / application, e-mail, voice mail or facsimile. No binder, insurance policy, change, addition, and/or deletion to insurance coverage goes into effect unless and until confirmed directly with a licensed broker. Note any proposal of insurance we may present to you will be based upon the values developed and exposure to loss disclosed to us on this online form/application and/or in communications with us. All coverages are subject to the terms, conditions and exclusions of the actual policy issued. Not all policies or coverages are available in every state. You also agree to release us from any liability if this information is accidentally viewed by unauthorized persons. We will only use this information for insurance quoting purposes and not distribute to other parties.

Prepared By (Print): _____ **Signature:** _____ **Date:** _____