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:	
Email:		Website:	
Mailing Address:			
City:		State:	Zip:
Year Established:	Structure:		Federal EIN/Tax ID:
Description of Operations:			

PRINCIPAL INFORMATION

First Name:	M.I.:	Last Name:	
Phone:		Email:	
Mailing Address:			
City:		State:	Zip:

INSURANCE INFORMATION

Proposed Effective Date:	Previous Carrier:	
Policy Number:	Any Prior Lapse of Coverage: ◉ No ○ Yes	
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 (if known)	Payroll

Please attach the declarations page from your current Workers Compensation policy.

OWNERSHIP BREAKDOWN

Name	Percent Owned	Payroll

ADDITIONAL REQUESTS OR COMMENTS

SIGNATURE: **DATE:**