



1524 E 1110 N • Orem, UT 84097 • Phone: 801-226-8106 • Fax: 801-226-0986

Workers Compensation Quote Sheet

Individual Partnership LLC Association Corporation
 Business Name: _____ Employer Tax ID #: _____
 Primary Contact: _____ UIN #: _____
 Email: _____ Phone: _____ Fax: _____
 Primary Location Address: _____
 City: _____ State: _____ Zipcode: _____
 Description of Business Operations: _____
 Years in Business: _____ Years of Experience: _____ EMOD: _____
 Current Carrier: _____ Requested Effective Date: _____
 Any Losses in the last 3 years? Yes No If yes, Please describe: _____

Payroll Info

Information for ALL Employees Except Owners, Officers & Partners

Location #	State	Classification Code	Description	# of Employees	Estimated Annual Remuneration

Information for Owners, Officers & Partners

Name	Date of Birth	Title/Relationship	Ownership Percentage	Duties	Included?	Estimated Annual
					Yes No	
					Yes No	
					Yes No	

Additional Info

	Yes	No		Yes	No		Yes	No			
1. Does applicant own, operate or lease aircraft/watercraft?			7. Any works ublet without certificates of insurance?			13. Any employees with physical handicaps?			19. Do any employees perform work for other businesses or subsidiaries?		
2. Do/have operations involve(d) s to ring, treating, discharging, applying, disposing, or transporting of hazardous material?			8. Is a written safety program in operation?			14. Do employees travel out of state?			20. Do you lease employees to or from other employers?		
3. Any work performed underground or above 15ft?			9. Any group transportation provided?			15. Are athletic teams sponsored?			21. Do any employees predominatly work at home?		
4. Any work performed on barges, vessels, docks, bridge			10. Any employees under 16 or over 60 years of age?			16. Are physicals required after offers of employment are			22. Any tax liens or bankruptcy within last 5 years?		
5. Is applicant engaged in any other type of business?			11. Any seasonal employees?			17. Any prior coverage declined/cancelled/non-renewed in the last 3 years?			23. Any undisputed and unpaid workers compensation premium due from you or any commonly managed or owned enterprises?		
6. Are sub-contractors used?			12. Is there any volunteer or donated labor?			18. Are employee health plans provided?					