Please email to info@roofersalliancewc.com or fax to (916) 797-5357

PRELIMINARY WORKERS COMP QUESTIONNAIRE

Please complete all questions in order to find out which program you possibly qualify.

Business Legal Name:_____

Business DBA:_____

Business Location:_____

_____

Contact Name:_____

Phone #:_____ Email or Fax #:_____

Webiste:_____ License #:_____

Current Carrier:_____ Renewal Date:_____

Estimated Payroll (not incl. clerical or office sales):_____

How many employees in Roofing Class Codes:_____