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[www.staffingwc.com](http://www.staffingwc.com)

### Work Comp New Client Questionnaire

**\*\*\* To return a firm quote, please attach your current policy declarations pages and loss runs for the past 3 years**

Legal Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

DBA: \_\_\_\_\_ FEIN# \_\_\_\_\_

Organization: Sole Proprietor Partnership Corporation LLC Other: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

**Enter the following projections for the next 12 month period. (attach a separate sheet if necessary)**

<u>Class Code &amp; State</u>	<u>Estimated Annual Payroll</u>	<u>Class Code &amp; State</u>	<u>Estimated Annual Payroll</u>

**Select Employers Liability Limits**

**Estimated Total Annual Sales:** \_\_\_\_\_

- \$100,000 / \$500,000 / \$100,000
- \$500,000 / \$500,000 / \$500,000
- \$1,000,000 / \$1,000,000 / \$1,000,000

Current WC Carrier: \_\_\_\_\_

Current Premium: \_\_\_\_\_

<u>Officers Name</u>	<u>% Ownership</u>	<u>Included or Excluded from WC?</u>