

ECLIPSE RISK INSURANCE SERVICES INC
WORKERS COMP WORKSHEET

COMPANY NAME AND DBA

ADDRESS:

CONTACT
TELEPHONE
EMAIL

WORKERS COMP RENEWAL DATE:

FEIN # :

CLASS CODES:

OF EMPLOYEES

FULL TIME PART TIME

ANNUAL PAYROLL BY CLASS CODE

LOSS RUNS REQUESTED:

PRESENTLY VALUED LOSS RUNS 3-5 YEARS

Ownership:

Percentages: