WORKERS COMP WORKSHEET

| COMPANY NAME AND DBA | | | |
|-------------------------------|--------------------------------------|----------------------|-------------------------------|
| ADDRESS: | | | |
| CONTACT TELEPHONE EMAIL | | | |
| WORKERS COMP RENEWAL DATE: | r.i | | |
| FEIN #: | | | |
| CLASS CODES: | # OF EMDI OVEES | EIIII TIME DART TIME | ANNITAL BAYBOLL BY CLASS CODE |
| CLASS CODES: | # OF EMPLOYEES | FULL TIME PART TIME | ANNUAL PAYROLL BY CLASS CODE |
| 8827 Homemaker | | | |
| 8810 Clerical | | | |
| 8742 Sales | | | |
| LOSS RUNS REQUIRED: | PRESENTLY VALUED | LOSS RUNS - 5 YEARS | |
| LOSS RUNS REQUIRED: | PRESENTLY VALUED LOSS RUNS - 5 YEARS | LOSS RUNS - 5 YEARS | |

Ownership and Percentages: