



P.O. Box 7518

Phone 877-766-7518

Surprise, AZ 85374

Fax 866-654-6442



WORKERS COMPENSATION QUESTIONNAIRE

Named Insured _____ Phone _____

Contact Name _____ FEIN _____

Mailing Address _____ City _____ State _____ Zip _____

Location 1 Address _____ City _____ State _____ Zip _____

Employee Benefits: Do you provide group health benefits? **Y N** What percentage is paid by employee? _____

Paid Vacation? **Y N** Paid Sick Leave? **Y N**

	Location 1	
No. of W2's filed last year		
Starting hourly wage	\$	
Average hourly wage	\$	
No. of Employees: Class code 8869 Childcare-Professional	Full Time	Part Time
	Annual Payroll	
No. of Employees: Class code 9059 All other (Cooks, Drivers, Bldg Maintenance)	Full Time	Part Time
	Annual Payroll	

All persons with 10% or more ownership:

Name	Date Of Birth	Title/Relationship	Ownership %	Duties	Include/Exclude