



130 VANTIS, SUITE 250, ALISO VIEJO, CA 92656 ~ LIC # 0C79875

PHONE: 800.992.6999

FAX: 800.999.3987

Workers' Compensation Questionnaire

- 1. Please advise what payroll classifications appear on your current policy and provide payroll information (EXCLUDE ACTIVE OWNERS) – Please note state which coverage applies:

| <u>CLASSIFICATION CODE #/State:</u> | <u>PAYROLL Next 12 Mos.</u> | <u>PAYROLL Last 12 Mos.</u> |
|-------------------------------------|-----------------------------|-----------------------------|
| # | \$ | \$ |
| # | \$ | \$ |
| # | \$ | \$ |
| # | \$ | \$ |
| # | \$ | \$ |

- 2. Please identify the owners and officers of your company by title and percentage of ownership:

- 3. Please identify those owner who wish to be excluded from Workers' Compensation coverage:

- 4. Please identify your Workers' Compensation insurer for the past five years and policy number:

| | |
|----------------|-----------------|
| _____ Insurer: | _____ Policy #: |
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| _____ Insurer: | _____ Policy #: |
| _____ Insurer: | _____ Policy #: |

- 5. Have you ever had a loss? Yes No

- 6. Do you presently have an employee health insurance plan? Yes No

If Yes, please identify insurer: _____

- 7. Please list all states where you have resident employees below. Do you have any employees which travel outside of the Country on business?

Yes No

- 8. Any over the water exposure or USL&H needed: Yes No

Please attach the following:

- 1. Four years formal insurance reports or a detailed letter confirming loss history and agreeing to obtain these reports as soon as possible.
- 2. A photocopy of information from your current insurer which identifies your current experience modification.
- 3. A copy of your Health and Safety Plan.