

Workers Compensation Insurance Quote Sheet

Business Name: _____

Address: _____

Contact: _____

Phone _____ - _____ Cell: _____ - _____ - _____ Fax: _____ - _____

E-mail: _____ FEIN: _____

Type of Business: _____ Entity: _____

Gross Annual Receipts: _____ States: _____ Delivery: _____

Experience: _____ Years In Business: _____ Current Coverage: _____

Employers Liability: State Minimum Limits: _____ Higher Limits: _____

Total Employees: _____ F/T: _____ P/T: _____ Total Annual Payroll: _____

Sub-Contractors: _____ Include Owners: _____ Exclude Owners: _____

Loss History: _____

<u>Name:</u>	<u>Duties</u>	<u>F/T</u>	<u>P/T</u>	<u>D.O.B.</u>	<u>Payroll</u>
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Notes: _____

PLEASE FILL OUT AND FAX OR E-MAIL US FOR AN AFFORDABLE QUOTE!

OFFICE: 702-836-9020 / FAX: 702-926-9555

E:MAIL: lenny@affordableinsurancenv.com

*Please Note: Coverage cannot be bound via the telephone, e-mail or fax system. You must speak with an agent to bind coverage and receive confirmation.

Additional Information: