

Workers Compensation Worksheet

Business Name _____ Phone # _____

dba _____

FEIN _____

Physical Address: _____

Mailing Address: _____

Contact Name _____ Phone _____

Fax _____ Cell _____

Email _____

Corporate officers

Full Name _____ DOB _____ SSN _____ % _____

Full Name _____ DOB _____ SSN _____ % _____

Full Name _____ DOB _____ SSN _____ % _____

Full Name _____ DOB _____ SSN _____ % _____

Class Code & Description _____ #Employees _____ Payroll _____

Class Code & Description _____ #Employees _____ Payroll _____

Class Code & Description _____ #Employees _____ Payroll _____

Class Code & Description _____ #Employees _____ Payroll _____

Experience Mod (if any) _____ Prior Losses _____

Current Carrier _____ Exp. Date _____