

# Workers' Comp Proposal



For Your Free Quote Send Completed Form to sales@dickerson-group.com

**(800) 457-6116 • www.dickerson-group.com**

LegalEntityName: \_\_\_\_\_ Broker: \_\_\_\_\_  
 DBA Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ License #: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Yrs in Business: \_\_\_\_\_ Email: \_\_\_\_\_  
 FEIN: \_\_\_\_\_ Yrs of Experience: \_\_\_\_\_

## Entity Type

- Individual                       LLC                      Are current loss runs available for the last 3 years and expiring year  
 Partnership/LLP               Other: \_\_\_\_\_               Yes (please attach)  
 Corporation                      \_\_\_\_\_                       No Current Loss Runs:

## Codes (as listed on 2nd or 3rd page of your current workers compensation policy):

	Class Code:	#EE:	Payroll (Remuneration):
1.			
2			
3			
4			

Experience Modification if Available: \_\_\_\_\_

Current Carrier: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

## Please check box after Y (yes) or N (no) for the following, and if yes, provide detail

- Y  N  Past, present or discontinued operations involving hazardous material (storing, treating, discharging, applying, disposing, or transporting of, e.g. landfills, wastes, fuel tanks, etc.)?  
 \_\_\_\_\_  
 Y  N  Any work performed underground or above 15 feet?  
 \_\_\_\_\_  
 Y  N  Is applicant engaged in any other type of business  
 If yes, what type? \_\_\_\_\_  
 Y  N  Are subcontractors used or are any workers paid by 1099?  
 If yes, \_\_\_\_\_ % of work subcontracted  
 Y  N  Any work sublet without certificates of insurance?  
 \_\_\_\_\_  
 Y  N  Is a written safety program in operation?  
 Y  N  If group transportation is provided, are 5 or more employees in any vehicle at one time?  
 Y  N  Any employees under 16 or over 60 years of age?  
 # \_\_\_\_\_ under 16, # \_\_\_\_\_ over 60  
 Y  N  Is there any volunteer or donated labor?  
 If yes, \_\_\_\_\_ % of labor by volunteer or donated
- Y  N  Do employees travel out of the United States, Canada, or Mexico on business?  
 \_\_\_\_\_ # of employees. How often? \_\_\_\_\_  
 Y  N  Any other lines of coverage with current insurer?  
 \_\_\_\_\_  
 Y  N  Any prior coverage declined/cancelled/non-renewed in last 3 years?  
 If yes, what month and year?  
 \_\_\_\_\_  
 Y  N  Are employee health plans provided?  
 \_\_\_\_\_  
 Y  N  Is health coverage provided by Anthem Blue Cross?  
 Y  N  Is there a labor interchange with any other business/subsidiary?  
 \_\_\_\_\_  
 Y  N  Do any employees work for the most part at home?  
 Y  N  Has insured had a claim \$25,000 or greater in the last three years?  
 \_\_\_\_\_  
 Y  N  Has insured been self-insured or part of a self-insured group or PEO in the last 4 years?