Workers' Compensation — Prospect Intake Form

Business Snapshot

Business Name:		**DBA (if different):**	
Business/Office Address:		**City / State / ZIP:**	
Mailing Address (if different):		**City / State / ZIP:**	
Contact Name:		**Phone:**	
Email:		**Entity Type (LLC, Corp, Sole Prop, etc.):**	
Years in Business:		**Annual Revenue (approx.):**	
Federal EIN:		**Website (if any):**	

Business Details

Federal EIN:	
Describe Business Operations:	
Any Out-of-State Operations or Employees? (Y/N — list states):	
Any Employees Working from Home? (Y/N):	
Any Subcontractors Used Without Their Own WC Coverage? (Y/N):	

Job Classifications

Job Classification/Duties	Full-Time Employees	Part-Time Employees	Est. Annual Payroll

Attach a separate sheet if more than 5 job classifications.

Coverage & History

Requested Effective Date:	

Any Workers' Comp Claims in the Past 5 Years? (Y/N — describe):	
Current Experience Modification Factor (if known):	
Current/Prior Carrier & Expiring Premium (if known):	