



**Attention All California
Business Owners!**

Save \$\$Money\$\$ on Worker's Comp Insurance

Fill out and fax us the information below for a **FAST, FREE** quote!!

BUSINESS INFORMATION

Business name:			<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation
			<input type="checkbox"/> Partnership	<input type="checkbox"/> OTHER
Business address:				Years in Bus.
Business phone:	Cell phone:	Fax:		
E-mail Address:		License Number:		
Fed. Employee ID Number:		License Class:		

OWNER INFORMATION

Owner name:	Date of Birth:	S.S.N.:
Owner name:	Date of Birth:	S.S.N.:

EMPLOYEE INFORMATION

Class Code:	Type of Work:	# of Emp.: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Est. Ann. Payroll:	Hourly Rate:
Class Code:	Type of Work:	# of Emp.: <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time	Est. Ann. Payroll:	Hourly Rate:
Class Code:	Type of Work:	# of Emp.: <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time	Est. Ann. Payroll:	Hourly Rate:

PRIOR CARRIER INFORMATION

Carrier name:	Expiration Date:	Premium:	XMOD:
Carrier name:	Expiration Date:	Premium:	XMOD:

PLEASE FORWARD ANY LOSS RUNS YOU HAVE FROM YOUR PRIOR CARRIERS. THESE WILL HELP US TO RECEIVE DISCOUNTS ON YOUR BEHALF.

Other Needs: BONDS AUTO
 GENERAL LIAB EQUIPMENT
 OTHER PROPERTY

Applicant's Signature:

Date:

Start Saving Today With Work Comp For Less!

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