



Dickerson Employee Benefits
Insurance Services

AUTHORIZED GENERAL AGENT
License #0F69768

WORKERS' COMP PROPOSAL

For Your Free Quote Send Completed Form
by fax to 866-309-6271
or email to sales@dickerson-group.com

Legal Entity Name: _____
DBA Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____ Fax: _____
Contact Name: _____ Yrs in Business: _____
FEIN: _____ Yrs of Experience: _____

Broker: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____ Fax: _____
License #: _____
Email: _____

Entity Type: Current Loss Runs:

- Individual LLC
- Partnership/LLP Other: _____
- Corporation

Are current loss runs available for the last 3 years and expiring year? Yes (please attach) No

Codes (as listed on 2nd or 3rd page of your current worker's compensation policy):

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

Experience Modification If Available: _____
Current Carrier: _____ Renewal Date: _____

Please circle Y or N 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? _____