

**For a quote on Worker's Compensation Insurance, complete the below questionnaire,
and fax to our office at (877) 577-1722, or email to info@sanguinettico.com**

Provide current information (attach additional pages as necessary):

Your Name(s): _____

Your Business Name: _____

Business Email Address: _____

Business Telephone Number: _____ Business Fax Number: _____

Business Website Address: _____

Loc#	Class Code	What do your employees do? Please describe.	Number of Full-Time Employees	Number of Part-Time Employees	Current Payroll \$ _____	Estimated Annual Payroll \$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____

Employees working less than 30 hours are considered part-time.
Employees listed under the classifications Clerical 8810 and Outside Sales 8742 cannot perform duties under any other classifications.
100% of duties must be Clerical or Sales, and employees must be physically separated from employees performing other duties.

1. Do you provide health insurance to your employees and pay at least 50% of the cost? Y N

2. Do you have a Return to Work Plan for injured workers? Y N

3. Has ownership of business changed in the past three years? Y N
If so, please explain: _____

4. Entity: Sole Prop. Corp. Partnership LLP LLC Other(Specify): _____

5. Does the business lease, contract, or temporarily hire employees/laborers to or from any entity? Y N
If yes, what is the name of outsourcing agency(s): _____
Please send Policy Declarations Page or Certificate of Insurance.

6. Has the business or any owners of the business declared bankruptcy? Y N

7. Please provide a Federal Tax ID No. (FEIN) for this business: _____

8. Please list all Principal Owners, Officers, Partners, or LLC Members, and/or Directors.

Name	Title	Stock/Ownership %	Duties:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Please list membership in any "Trade" Associations: _____
Note: Some trade associations offer a discount for workers' compensation insurance.

If you have any questions, regarding how your employees' payrolls should be estimated, please give our office a call.

Name & Title of Individual Completing Form Signature Date