

Comprehensive Commercial Insurance Services, Inc.

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## **Workers Compensation Questionnaire**

1) Owner's Name:	2) Cor	ntact Name:	
3) Business Name:			
4) How Did You Hear About	Us?		
5) Years In Business 6	6) Years Experience	_ 7) Contractors Licer	nse #
8) License Class	_ 9) Federal Employee Ide	entification #	
10) Phone #	11) Fax #	12) E-mail	
13) Address - Mailing:			
Physical:			
14) Individual, Partnership, o	r Corporation		
a) Please List All Owners	And % Owned		
15) Current Insurance Compa	any Name		
a) Renewal Date			
16) How Many Years Of Con	tinuous Coverage Have Y	ou Had Without A L	apse?
a) Year 1) Premium (\$)_		_ Losses (\$)	
b) Year 2) Premium (\$)_		_ Losses (\$)	
c) Year 3) Premium (\$)		Losses (\$)	
d) Year 4) Premium (\$)_		_ Losses (\$)	
17) What Is Your Experience	ce Modification Factor (I	f Any)?	
18) What Trades Do Your	1 0		
a) Trade	Total Payroll	# Full-Time	_ #Part-Time
b) Trade	Total Payroll	# Full-Time	_ #Part-Time
	Total Payroll		
	Total Payroll		_ #Part-Time
19) Average Hourly Wage Fo			
	) Trade c) Tr		
20) Estimated Annual Gross 1	Receipts (Sales)		
21) Estimated Annual Subcor			
22) Percent Residential	+ Percent Commercial _	+ Percent Industr	
23) Percent New Construction		<b>U</b>	
24) How Should We Deliver	Your Quote? Fax E	mail US Mail_	Phone
25) Additional Comments:_			

Please Fax Or Email To Us For A Workers Compensation Quote. If You Have Any Questions, Please Do Not Hesitate To Contact Us.