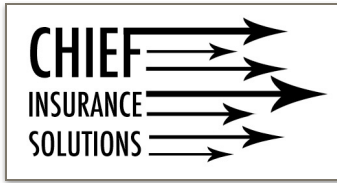


WORKERS COMPENSATION INSURANCE QUOTE APPLICATION:

GENERAL INFORMATION:			
NAME OF INSURED: _____		DATE: ____/____/____	
CONTACT NAME: _____		TITLE: _____	
PHONE: (____) _____ - _____		EMAIL: _____ FEIN: ____ - _____	
YEARS IN BUSINESS: _____		TYPE OF ENTITY: Sole Proprietorship / Corporation / LLC / Partnership / Other	
PHYSICAL ADDRESS: _____			
MAILING ADDRESS: _____			
PAYROLL ESTIMATES:			
CLASS CODE/JOB DESCRIPTION	ANNUAL PAYROLL	# FULL-TIME	# PART-TIME
OFFICERS/OWNERSHIP:			
1.NAME: _____		TITLE: _____	% OF OWNERSHIP: ____ % EXC / INC
2.NAME: _____		TITLE: _____	% OF OWNERSHIP: ____ % EXC / INC
3.NAME: _____		TITLE: _____	% OF OWNERSHIP: ____ % EXC / INC
4.NAME: _____		TITLE: _____	% OF OWNERSHIP: ____ % EXC / INC
DESCRIPTION OF OPERATIONS:			



EXPOSURES: <i>(Check column for Yes or No)</i>	YES	NO
Does insured have majority ownership in any other businesses?		
Has the business or any principal of the business declared bankruptcy in the last 5 years?		
Do any employees drive on the job?		
Was this operation all or part of an existing business that was purchased or acquired?		
Are any subcontractors used?		
Any tax liens or bankruptcy within the last five years?		
Any employees with physical handicaps?		
Is a written safety program in operation?		
Are employee health plans provided?		
Are any employees over the age of 60 or under the age of 16?		
Any prior coverage declined or non-renewed in the last three years?		
Is there more than one location?		
Do you lease employees to or from other employers?		
Do any employees perform work for other businesses or subsidiaries?		
Do any employees work predominately from home?		
Are there any seasonal, volunteer, or donated labor?		
Do any employees travel out of state?		

*Please return your completed Application to Chief Insurance Solutions, LLC
to receive your official Workers' Compensation Insurance Quotes.*

PHONE: (866) 308-3351
FAX: (866) 895-6102
EMAIL: info@chiefins.com
WEBSITE: www.chiefins.com