

# Cailor Fleming Insurance

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Visit us at [www.cailorfleming.com](http://www.cailorfleming.com)

## Workers Comp. Questionnaire

COMPANY NAME (Include DBA's): \_\_\_\_\_  
 Individual     Partnership     Corporation     Other

FEDERAL ID #: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ FAX: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

<u>Annual Clinical/Lab</u> <u>Payrolls</u>	<u>Annual Clerical</u> <u>Payrolls</u>	<u>Annual Retail/Sales</u> <u>Payrolls</u>
\$ _____	\$ _____	\$ _____

Please list the name of your **Officers**, their titles, payrolls, job description, and whether they should be excluded from coverage. (Use additional sheet if necessary)

Name: _____	Title: _____	Annual Payroll: \$ _____	Exclude: _____ Yes _____ No
Job Description: _____			

Name: _____	Title: _____	Annual Payroll: \$ _____	Exclude: _____ Yes _____ No
Job Description: _____			

PREVIOUS CARRIER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

PREMIUM : \$ \_\_\_\_\_

HAS COVERAGE EVER BEEN CANCELLED OR DECLINED?                     YES     NO

ANY LOSSES FOR THE PAST THREE YEARS? (If yes, please attach loss runs)                     YES     NO

COMMENTS: \_\_\_\_\_

Any person who knowingly and with the intent to defraud any insurance company or another person files and an application containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_