

# Workers' Compensation Insurance Questionnaire

Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

EIN or Social Security Number: \_\_\_\_\_

Year's in Business: \_\_\_\_\_ Year's Experience: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

**Business Type:**

Sole-Proprietor \_\_\_ Corporation \_\_\_ LLP \_\_\_  
 Partnership \_\_\_ LLC \_\_\_ Other \_\_\_

**Location #1, Classification, Payroll (for additional locations use Page 2)**

	Address	Classification	# of Employees	Duties	Annual Payroll
1.					
2.					
	Same	Clerical Only			
	Same	Outside Sales			
	Same	Owner(s)			

**Individuals, Partners, Officers (Included or Excluded)**

	Name	Date of Birth	Title/Relationship	% Ownership	Duties	Inc./Exc.	Remuneration
1.							
2.							
3.							
4.							

Other Business Ventures: \_\_\_\_\_

Number of W2/1099 Employees: \_\_\_\_\_ Number of *uninsured* subcontractors: \_\_\_\_\_

Estimated Annual payroll: \_\_\_\_\_ Estimated Annual cost of subs: \_\_\_\_\_

**Prior Insurance:**

	Company Name	Policy Number	Number of Claims	Amount Paid	Open/Closed	Annual Premium
1.						
2.						
3.						
4.						

**General Questions:**

	Yes	No	
Any work performed underground or above 15 feet?			_____ %
Any work performed on docks, barges, vessels, bridge over water?			
Are subcontractors used? If yes, give % of work subcontracted			
Any work sublet without certificates of insurance?			
Do employees travel out of state?			
Any prior coverage declined, cancelled or non-renewed in past 3 years?			
Is applicant engaged or have ownership in any other type of business?			
Does applicant own, operate or lease any watercraft or aircraft?			

**Explain and Yes Answer:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_