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Work Comp Questionnaire

Part I:

Named Insured: _____

DBA Name(s) _____

Location 1 Address: _____

Additional Locations: Please provide a completed questionnaire for EACH location.

Effective Date _____ **Federal Employer ID Number:** _____ **Years In Business:** _____

Part 2 (Please use separate page for additional/other class codes) Please separate employees and payroll for each location and CLASS CODE. *If your class is not listed, please use the following page to provide information.*

8741- Real Estate sales ONLY:

of Full Time Employees & Agents: _____ # of Part Time Employees & Agents: _____
Estimated Annual Remuneration (including ind. contractors/agents commissions as required by law): \$ _____

8743 - Mortgage Brokering Activities ONLY:

of Full Time Employees & Agents: _____ # of Part Time Employees & Agents: _____
Estimated Annual Remuneration (including ind. contractors/agents commissions if required by law): \$ _____

8810 – Clerical ONLY

of Full Time Employees: _____ # of Part Time Employees: _____ Estimated Annual Payroll : \$ _____

9011 – On-Site Property Management/Operation: Apartment or Condominium complex Operation

of Full Time Employees: _____ # of Part Time Employees: _____ Estimated Annual Payroll : \$ _____

8740– OFF-Site Property Management/Operation: Apartment or Condominium complex Operation

of Full Time Employees: _____ # of Part Time Employees: _____ Estimated Annual Payroll : \$ _____

Part 3:

- Are you engaged in any other business? ____Yes ____No (Explain on separate sheet of paper.)
- Do any employees/independent contractors predominantly work at home? ____Yes ____No
- Any tax liens or bankruptcy within the last 5 years? ____Yes ____No
- Do you employ any minors(under age 18) ____Yes ____No
- Do you have any prior/current workers compensation insurance? ____Yes ____No

IF YES:

1. Who is your current insurance carrier?
2. When do you expire?
3. How many years have you been insured?
4. Any claims in the past 5 years?
5. Please provide loss run report for all years insured.

Signature

Title

Date

Ownership Questionnaire
(Must be completed for a quote)

- PLEASE LIST ALL PARTNERS/OFFICERS/OWNERS – INDICATE IF THEY ARE TO BE INCLUDED OR EXCLUDED.
- PLEASE NOTE: IF NOT INDICATED, ALL PARTNERS/OFFICERS WILL BE INCLUDED.
- PLEASE NOTE: ALL PARTNERS/OFFICERS/OWNERS INCLUDED WILL BE SUBJECT TO THE WCIRB'S MINIMUM/MAXIMUM PAYROLL GUIDELINES.
- YOU MUST LIST THE PRESIDENT, SECRETARY AND TREASURER IF APPLICABLE.
- PLEASE NOTE: SOLE PROPRIETORS ARE EXCLUDED UNLESS INCLUDED BY ENDORSEMENT.

1.	Name	Title/Relationship	Ownership %	INCLUDE / EXCLUDE
	Class Code / job description	Annual Payroll / Commissions		

2.	Name	Title/Relationship	Ownership %	INCLUDE / EXCLUDE
	Class Code / job description	Annual Payroll / Commissions		

3.	Name	Title/Relationship	Ownership %	INCLUDE / EXCLUDE
	Class Code / job description	Annual Payroll / Commissions		

4.	Name	Title/Relationship	Ownership %	INCLUDE / EXCLUDE
	Class Code / job description	Annual Payroll / Commissions		

 Signature of authorized representative

 Printed name

 Title

 Date