



Quotation Form **Worker's Comp**

Section 1 **General Information**

Full Legal Business Name & DBA:

Corporate Type:

Corporation

LLC

Individual

Partnership

Description of Operation:

Years In Business:

FEIN/TAX ID:

Contact Person & Title:

Email:

Phone:

Cell:

Fax:

Business Address:

Mailing Address (if different from above):

Section 2 **Prior Insurance Information**

Carrier Name:

Expiration Date:

Current Premium:

Prior Loss/Claim:

Section 3 **Coverage & Business Information**

Ownership:

Name	Title	Ownership Percentage

Employee:

Job Title	Annual Payroll	Number of Full-time Employees	Number of Part-time Employees	Duty Description

Please send completed form via email info@encoreins.org or fax 626-605-5600 for quotation.

Thank you!