

Worker's Compensation Insurance Quotation Information

First Name			
Last Name			
Address			
City			
State		Zip	
Email			
Phone		Best Time To Call	
BUSINESS INFO	RMATION		
Business Type			
Describe Busines	s		
Years in Business	3		
Annual Gross Sal	es		
Address			
City			
State		Zip	
PAYROLL INFOR	<u>RMATION</u>		
# of Full Time Em	ployees		
# of Part Time Err	iployees		
Estimated Monthl Estimated Annual			

OWNERSHIP INFORMATION

Federal Tax ID						
License Type						
License Number						
Number of Owners						
Owner Name						
Title			Percentage of Ownership			
Owner Name						
Title			Percentage of Ownership			
Owner Name						
Title			Percentage of Ownership			
nuc						
COVERAGE INFORMATION						
Prior/Current Insurance Carrier						
Years Insured		Expiration Date	e			
Premium		# of Claims in	the past 5 years			
MOD Factor		Has Coverage	Lapsed in Past Year			
Coverage Liability Limit						
MISC INFORMATION						
Do You Offer Safety Programs						
Do You Offer Health Benefits						
Do You Employ Minors						
Do You Use Sub-Contractors						
Do You Use Any Equipment that	t Bends, Forms or Sha	pes 🗌 YE	ES NO			
Do You Sponsor Any Athletic Te	ams 🗌 YES 🗌 No	0				
Do You Do Any Work Over 15 F	eet YES No	0				
Is the Business Open 24 Hours YES NO						
Is the Business Involve Any Dee	ep Frying of Foods)			
Is the Business Involve Any Filling of Propane Tanks YES NO						

Have You Filed Bankruptcy in the Past	7 Years	YES NO	
Is the Business Open 24 Hours			
Is the Business Open 24 Hours	YES NO		
Additional Information or Comments			

Anchor Insurance Agency 618 Anderson Dr Romeoville, IL 60446

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