

Workers' Comp

Request for Quote

Print and fill out and send back

To: Paul Farhood

Fax: 1-888-625-2628

Email: gotcomp@yahoo.com

Phone: (850) 625-519

www.LowRateWorkComp.com

Workers' Compensation / Payroll Service

Thu a Professional employer organizations (PEO)

Workers' Comp Questionnaire

		Yes	No
1.	Does applicant own, operate or lease aircraft / watercraft?		
2.	Present or discontinued.		
3.	Any work performed under, on or above water?		
4.	Which may be subject to?		
5.	Any work performed underground or higher than 15 feet above ground level?		
6.	Any operations include excavation, tunneling, road boring, earth moving or other underground work?		
7.	Any operations exposure to radioactive/nuclear materials?		
8.	Any fatalities in the past five years?		
9.	Is applicant involved in any business other than that specified in the description of operations?		
10.	Does employee turnover exceed 30% annually		
11.	Do employees travel out of state or out of country? If so, scope of travel?		
12.	Any group travel, ride-share programs, or tool or vehicle allowances provided?		
13.	Are physicals required after offers of employment are made?		
14.	Does the radius of operations of vehicles exceed 200 miles?		
15.	Are MVRs checked on all drivers?		
16.	Is a "managed care" provider utilized?		
17.	Is a written safety program in place? (attach copy) If so, what is the schedule of meetings?		
18.	Has applicant been inspected by OSHA in the past three years?		
19.	Was applicant cited for any violations? If so, explain.		
20.	Was applicant fined? If so how much?		
21.	Is a drug-testing program in effect? (attach copy)		
22.	Is an early return/light duty program in place?		
23.	Does applicant "full pay" during periods of disability or reduced work?		
24.	Are any subcontractors used? If yes, list percent, type and location of work subcontracted.		
	A. Are all subcontractors insured?		
	B. If so, does applicant keep copies of certificates of insurance?		
25.	Any prior coverage declined, cancelled or non-renewed in the past three years?		
26.	Have there been any losses in the last three years?		
27.	Are any employees enrolled in group health plan? If yes, what percentage?		

Additional Comments:

Submitted By _____

Date _____

WORKERS' COMPENSATION LOSS HISTORY AFFIDAVIT

I, _____ do hereby certify and swear that
(Name of owner or officer)

_____ has incurred _____ injuries within the last 36
(Company name: dba) (# Of injuries)

Months. Please list the injuries and the costs incurred in the table below for the last 36 Months;

Year of Claim	Name of Injured	Amount of Claim	Describe Injury	Open/Closed

Note: if there have been no injuries, write (None) in the table above.

Explanation if an individual claim amount exceeds \$15,000.00

Company Name: _____

Signed By: _____ Date: _____

Title/Position: _____

Note: This affidavit must be submitted with the New Client Profile Sheet when loss runs are not available.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files, statement of claim or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers compensation coverage or conceal information pertinent to the computation and application of an experience rating modification factor, is guilty of a felony of the third degree or as otherwise punishable as provided under the law.

Work sheet if under 1 year, Complete work history from page 1

Notes from page 1&2