

Snyder Insurance Services, Inc.

8801 Renner Ave – Ste 410, Lenexa, KS 66219
1-800-874-6704 Fax 913-498-0212

WORKER'S COMPENSATION QUOTE REQUEST

Business Name		dba	
Mailing Address		City	State Zip
Phone	Email		Contact Name

Please complete ALL of the following information for an accurate proposal

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Subchapter S	<input type="checkbox"/> Limited Corp	<input type="checkbox"/> Other
Years in Business	Federal Tax ID number		# of Locations	

LOCATIONS – If same as mailing address enter (same as above)

	Street	City	County	State	Zip Code
1					
2					
3					

List partners, officers, relatives working in the business and if they should be Included or Excluded from coverage

#	Name	Birth Date	Title / Relationship	Duties Performed	Include or Exclude	Payroll Amount	Percent of Ownership
1							
2							
3							

Employees – DO NOT include Partners/Officers shown above

State of Employment	Location Number	Duties Performed (ie: Clerical/Coach/Manager)	Employees		Estimated Annual Payroll
			#Full Time	#Part Time	

Current Insurance – Do you have Workers Compensation now? YES NO

If yes, complete the following showing the last five years:

Effective Date	Company & Policy Number	Annual Premium	# of Claims	Amount Paid

If you have a Workers Compensation policy, please return the following items with your quote request:

1) Copy of current policy (1st pages), 2) Copy of Loss Runs for last 3 years, 3) Last four quarterly 941 forms

Has there been a change in ownership within the last 3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, explain below Explanation:	Do you have any volunteers? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, explain duties performed below Explanation:
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Signature: _____ Date: _____

YOUR REQUEST MAY BE FAXED TO 913-498-0212 OR EMAIL TO meganthornton@insurasset.com