

WORKERS' COMPENSATION WORKSHEET

Today's Date: _____

Effective Date Requested: _____

Applicant's Full Legal Name:		_____	
Applicant's Business Name (DBA or Professional Corporation)		_____	
Mailing Address:	_____	CA	_____
Telephone No.:	_____	Fax No.:	_____
Practice Location:	_____	CA	_____
Practice Location:	_____	CA	_____
Federal Employer ID No.:	_____	Individual <input type="checkbox"/>	Corporation <input type="checkbox"/>
		Partnership <input type="checkbox"/>	Other <input type="checkbox"/>
Number years in business:	_____	Number years experience:	_____
		Office Hours:	_____
Describe Business Operations: _____			
Prior carrier information:			
Year:	_____	Company:	_____
		Policy No.:	_____
If currently insured, please provide loss run for past three (3) years.			

Partners and/or Officers to be included or excluded (Sole proprietors/individuals are not covered)						
Name	Title	Ownership %	Duties	Inc / Exc	Class Code	Payroll

RATING INFORMATION

State	Loc	Class Code	Categories, Duties, Classifications	# Employees		Est. Annual Payroll	Rate	Est Annual Premium
				Full Time	Part Time			

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. Does applicant own, operate or lease aircraft / watercraft?			16. Are physicals required after offers of employment are made?		
2. Do/Have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, etc)			17. Any other insurance with this insurer?		
3. Any work performed underground or above 15 feet?			18. Any prior coverage declined / cancelled / non-renewed (last 3 years)? Not applicable in MO		
4. Any work performed on barges, vessels, docks, bridge over water?			19. Are employee health plans provided?		
5. Is applicant engaged in any other type of business?			20. Is there a labor interchange with any other business / subsidiary?		
6. Are sub-contractors used? (If yes, give % of work subcontracted)			21. Do you lease employees to or from other employers?		
7. Any work sublet without certificates of insurance?			22. Do any employees predominantly work at home?		
8. Is a written safety program in operation?			23. Any tax liens or bankruptcy within the last 5 years?		
9. Any group transportation provided?			24. Any undisputed and unpaid workers compensation premium due from you or any commonly managed or owned enterprises? If Yes, explain including entity name(s) and policy number(s).		
10. Any employees under 16 or over 60 years of age?					
11. Any seasonal employees?					
12. Is there any volunteer or donated labor?					
13. Any employees with physical handicaps?					
14. Do employees travel out of state?					
15. Are athletic teams sponsored?					

Contact Information	
Phone:	_____
Name:	_____
Phone:	_____
Name:	_____

CALIFORNIA PROFESSIONAL INSURANCE SERVICES - License #0773823
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