

Workers' Compensation Quick Quote Sheet
Email to S.latham@mulleninsurance.com 972-290-7245 Phone

Need by Date: _____

Business Name: _____

Mailing Address: _____

Years Business Started: _____ FEIN: _____

Description of all operations: _____

Does the above entity own any other companies? _____

List all states worked in: _____

Maximum depth exposure: _____ Maximum height exposure: _____

Job Description (one job type per line)	Payroll
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List of owners – need

Name	Job Title	% ownership	duties	payroll	in/exclude
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Phone #: _____

Fax #: _____

Email address: _____