



WORKER'S COMPENSATION PRE-QUALIFYING QUESTIONS

Company Name: _____ Today's Date: _____

Address: _____ PrimePay Rep: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ Fed ID#: _____

Email address: _____ Website: _____

Years in Business: _____ Corp. LLC Sole Proprietor Partnership Contact Person: _____

Nature of Operations: _____

PARTNERS/OFFICERS			
Name: _____	Annual Payroll: _____		
%Own: _____	<input type="checkbox"/> Included	<input type="checkbox"/> Excluded	
Name: _____	Annual Payroll: _____		
%Own: _____	<input type="checkbox"/> Included	<input type="checkbox"/> Excluded	
Name: _____	Annual Payroll: _____		
%Own: _____	<input type="checkbox"/> Included	<input type="checkbox"/> Excluded	

EMPLOYEE INFORMATION		
DEPARTMENT	# OF EMPLOYEES	PAYROLL
Example Outside Sales	Example 4	Example \$100,000



Have you had previous Workers Compensation YES NO

IF YES, FAX LOSS RUNS FOR THE LAST 3 YEARS.

Instructions: Please contact prior carrier to obtain report.

IF NO, AN OWNER RESUME IS REQUIRED.

Instructions: Please include a list of prior work experience, job responsibilities, how long you have been in the industry, how long the company has been in operation and general qualifications for owning and operating the business.

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS

Do you use sub-contractors or 1099's Yes No

If yes, why and how many?

Has your workers' compensation coverage ever lapsed, been canceled or been non-renewed? If yes, why? _____ Yes No

Does your company have more than 1 location? If yes, 2nd address: _____ Yes No

Do you perform work above 15 feet? If yes, maximum feet? _____ Yes No

Do you own, operate or lease aircraft/watercraft? Yes No

Any work performed on barges, docks, bridge over water? Yes No

Are you engaged in any other type of business? Yes No

Do you have a formal safety program? Yes No

Any group transportation provided? Yes No

Any employees under 16 or over 60 years of age? Yes No

Any part time or seasonal employees? Yes No

Any volunteer work? Yes No

Do employees travel out of state? Yes No

Are employee health plans provided? Yes No

Does any of the owners of this business own 50% or more of any other business? Yes No

**Thank you for completing the pre-qualifying questionnaire.
Please expect a phone call from the insurance agent to complete the quote.**