WORKERS' COMPENSATION QUESTIONNAIRE

COMPANY INFORMATION

Company Legal Name: _____ **Federal Tax ID#:** _____ **Year Established:** _____

DBA: _____ **SIC:** _____ **Multiple Locations:** Yes / No

Business Address: _____ **City:** _____ **Zip:** _____

Business Phone: (____) _____ **Business Fax:** (____) _____

Contact Person: _____ **Title:** _____

Contact Phone: (____) _____ **E-Mail:** _____

Type of entity: (Check One) ___ C Corp ___ S Corp ___ Limited Liability Company ___ Partnership ___ Sole Proprietorship

Type of Business (Please describe your business operation)**:** _____

PARTNER/OFFICER INFORMATION

Name of Partner / Officer	Title	% of Ownership	Exclude from Coverage
			Yes / No
			Yes / No

EMPLOYEE INFORMATION

Number of employees: Full Time: _____ Part Time: _____ Estimated Annual Payroll: _____

*** Please specify how much payroll is attributed to each employee type / class code:**

Employee Type / Class Code: _____ # of Employees: _____ Annual Payroll: $ _____ Current Class Rate: _____

Employee Type / Class Code: _____ # of Employees: _____ Annual Payroll: $ _____ Current Class Rate: _____

Employee Type / Class Code: _____ # of Employees: _____ Annual Payroll: $ _____ Current Class Rate: _____

Is Medical Insurance Provided?: Yes / No Name of Carrier: _____

WORKERS' COMPENSATION COVERAGE HISTORY

Policy Year	Insurance Carrier	Policy Number			
Current Carrier	_____	_____	*Premium:* _____	*Renew Date:* _____	*Ex-Mod:* _____
2007 - 2008	_____	_____			
2006 - 2007	_____	_____			
2005 - 2006	_____	_____			

OTHER INSURANCE COVERAGES

Cloud, Minturn Associates
dba: CMA Insurance Services
CA License #0735758

SEND COMPLETED FORM TO:
Fax (310) 755-6086 or Email: Info@CloudMinturn.com

Phone (310) 316-3662
Fax (310) 755-6086
E-Mail: Info@CloudMinturn.com

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Building	Carrier: _____	Policy Number: _____	Renewal Date: _____
Property	Carrier: _____	Policy Number: _____	Renewal Date: _____
General Liability	Carrier: _____	Policy Number: _____	Renewal Date: _____
Automotive	Carrier: _____	Policy Number: _____	Renewal Date: _____
Umbrella	Carrier: _____	Policy Number: _____	Renewal Date: _____
Employment Practices Liability	Carrier: _____	Policy Number: _____	Renewal Date: _____
Errors & Ommissions	Carrier: _____	Policy Number: _____	Renewal Date: _____
Directors & Officers	Carrier: _____	Policy Number: _____	Renewal Date: _____
Health Insurance	Carrier: _____	Policy Number: _____	Renewal Date: _____
Dental Insurance	Carrier: _____	Policy Number: _____	Renewal Date: _____
Other	Carrier: _____	Policy Number: _____	Renewal Date: _____

Cloud, Minturn Associates
dba: CMA Insurance Services
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