

LIA Insurance Agency

250 West Crest Street #E

Escondido, CA 92025

Phone: (760) 743-1007 Fax: (760) 743-6193

Email: lia@liainsurance.com

Workers Compensation Questionnaire

Contact Person: _____ Eff. Date: _____

Trade Name (DBA): _____

Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Location Address (If Different): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell #: _____

Email Address: _____

Legal entity: Sole Proprietor (Individual) Partnership Corp "S" Corp LLC

Business Description: _____

Years in Business: _____ Radius Traveled From Office: _____ # of Miles

Federal ID #: _____ State Employer ID#: _____

Estimated Annual Payroll: \$ _____

Breakdown of Employee Payroll by Class Code:

<u>Job Description/Class Code</u>	<u>#Full Time</u>	<u>#Part Time</u>	<u>Payroll Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contractor's License #: _____ Years of Experience: _____

*Need 5 Years Currently Dated Loss Runs

<u>Owners/Officers:</u>	<u>Title(s)</u>	<u>% of Ownership</u>	<u>Date of Birth(mm/dd/yyyy)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are Independent Contractors or Subs Used? Y: _____ N: _____ What %: _____

Do You Offer Health Ins.? _____ Pay at least 1/2? Y: _____ N: _____ Provider: _____

Had Any Workers Comp Claims in Last 3 Years? Y: _____ N: _____ Amount: \$ _____

Current Insurance Carrier: _____

Policy: # _____ Expiration: _____ (m/d/y) Premium: \$ _____