

Workers Compensation – Under 5 Minute Quote Worksheet

Please complete and return, fax (925) 416-1693, e-mail info@a-ains.com or call (800) 987-1475

General Information

Website Address: _____

Company Name: _____

Federal Tax ID # (FEIN): _____

Physical Location Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Number of Worker's Compensation losses in the last 4 years: _____

Year Business Established: _____ Total # of Locations: _____ (Add Additional Locations Below)

Officer/Owner/Partner to be EXCLUDED From Coverage (If Any)

Name	Title	% of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payroll/Commission Projections (for the next 12 months)

The following information is provided by <https://wcirbonline.org>

8740 – Apartment or Condominium Complex Operation – Off Site Property Management

8741 – Real Estate Agents – Including Clerical Office Employees & Outside Salespersons

8743 – Mortgage Brokers – Including Clerical Office Employees & Outside Salespersons

9015 – Building Operation – Including Resident or On-Site Managers

*****Each Professional Service Needs To Be Broken Down For Each Location*****

Location	Class Code	# Of Employees		Estimated Annual Remuneration
#1		FT:	PT:	\$
#2		FT:	PT:	\$
#3		FT:	PT:	\$
#4		FT:	PT:	\$

Desired Effective Date of Policy: _____ / _____ / _____

Signature of Partner, Owner, Director of Named Insured

Date

Print Name

Title



CA License # OC10853 | Outside CA John Austin Agency License # 0713113

Ph: 800.987.1475 – F: 925.416.1693

5890 Stoneridge Drive, #209 | Pleasanton, CA 94588