



FARMERS

Farmers Insurance Group/Novy Insurance Services

C/o 3507 W. Stetson Ave. #158

Fax: 951-346-3292

Hemet, CA 92545

Tel: 951-652-0516

WORKERS COMPENSATION QUOTE SHEET

Dear Client:

Below is the list of items we need in order to obtain a quotation for Workers Compensation Insurance. Fax those items back with the completed form. If new business items (B) and (C) will not pertain.

- A. This completed form (all questions must be answered)
- B. Last year's declaration page(s) (shows name of your company, dates of policy and class codes)
- C. Incurred loss runs for last 3 years.
- D. DE6 Latest quarterly wage statement

1. Full name of business: _____
Address: _____

Check one: Individual ___ Partnership ___ Corporation ___ Non Profit ___

Years of experience in this field _____ Years in business _____

Phone # _____ Fax # _____

2. Tax payer ID number: _____

3. Owners' names: _____ % of ownership? ___ Include/exclude
 _____ % of ownership? ___ Include/exclude
 _____ % of ownership? ___ Include/exclude

4. Mailing address: _____ Location: _____

5. Do your employees work in other States Yes/No If yes, what States? _____

6. Any other business owned? Yes/No Names _____

7. Do you need any other insurance to be quoted? Yes/No Types _____

8. Employees job description _____

Next year's estimated payroll for this type \$ _____

9. Employees job description _____

Next year's estimated payroll for this type \$ _____

10. Employees job description _____

Next year's estimated payroll for this type \$ _____

11. Do you have a formal Safety Program? _____

12. List any workers comp losses in last 5 years _____

Signature: _____

Date: _____

Agent Producer: Christine Collins Lic.# 0E27181