



**Dickerson Employee Benefits**  
Insurance Services

AUTHORIZED GENERAL AGENT  
License #0F69768

**WORKERS' COMP PROPOSAL**

For Your Free Quote Send Completed Form  
by fax to 866-309-6271  
or email to sales@dickerson-group.com

Legal Entity Name: \_\_\_\_\_  
DBA Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Yrs in Business: \_\_\_\_\_  
FEIN: \_\_\_\_\_ Yrs of Experience: \_\_\_\_\_

Broker: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
License #: \_\_\_\_\_  
Email: \_\_\_\_\_

**Entity Type: Current Loss Runs:**

- Individual  LLC
- Partnership/LLP  Other: \_\_\_\_\_
- Corporation

Are current loss runs available for the last 3 years and expiring year?  Yes (please attach)  No

**Codes (as listed on 2nd or 3rd page of your current worker's compensation policy):**

	Class Code:	# EE:	Payroll (Remuneration):
1			
2			
3			
4			

Experience Modification If Available: \_\_\_\_\_  
Current Carrier: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

**Please circle Y or N for the following and if yes, provide detail**

- Y N Past, present or discontinued operations involving hazardous material (storing, treating, discharging, applying, disposing, or transporting of, e.g. landfills, wastes, fuel tanks, etc.)? \_\_\_\_\_
- Y N Any work performed underground or above 15 feet? \_\_\_\_\_
- Y N Is applicant engaged in any other type of business? If yes, what type? \_\_\_\_\_
- Y N Are subcontractors used or are any workers paid by 1099? If yes, \_\_\_\_\_ % of work subcontracted
- Y N Any work sublet without certificates of insurance? \_\_\_\_\_
- Y N Is a written safety program in operation? \_\_\_\_\_
- Y N If group transportation is provided, are 5 or more employees in any vehicle at one time? \_\_\_\_\_
- Y N Any employees under 16 or over 60 years of age? # \_\_\_\_\_ under 16, # \_\_\_\_\_ over 60
- Y N Is there any volunteer or donated labor? If yes, \_\_\_\_\_ % of labor by volunteer or donated
- Y N Do employees travel out of the United States, Canada, or Mexico on business? \_\_\_\_\_ # of employees. How often? \_\_\_\_\_
- Y N Any other lines of coverage with current insurer? \_\_\_\_\_
- Y N Any prior coverage declined/cancelled/non-renewed in last 3 years? If yes, what month and year? \_\_\_\_\_
- Y N Are employee health plans provided? \_\_\_\_\_
- Y N Is health coverage provided by Anthem Blue Cross? \_\_\_\_\_
- Y N Is there a labor interchange with any other business/subsidiary? \_\_\_\_\_
- Y N Do any employees work for the most part at home? \_\_\_\_\_
- Y N Has insured had a claim \$25,000 or greater in the last three years? \_\_\_\_\_
- Y N Has insured been self-insured or part of a self-insured group or PEO in the last 4 years? \_\_\_\_\_