



Insurance Services

PIAG INSURANCE SERVICES

Worker's Compensation Quote Form

General Info

YOU MAY SUBMIT THIS FORM ELECTRONICALLY. For your convenience, this form is fillable in Acrobat and may be submitted electronically. Save the file when completed and email to James Villanueva at jamesv@piag.org. To submit via fax, you may print and send to: 770.433.3066.

Company Name (provide full legal name including d/b/a where applicable):		Effective Date:
Physical Address:		Federal ID #
Mailing Address If Different From Above:		SIC/NAICS Code #
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
		<input type="checkbox"/> LLC
Contact Person:		Phone #:
		Fax #:
Liability Limit:	If you have WC deductible on policy give amount:	
Number of Years in Business:	Experience Mod/NCCI Number:	
Additional Locations:		

Payroll

Class Codes	Description	# of Full Time Employees	# of Part Time Employees	Annual Payroll
4299	Printing			
8810	Clerical			
7380	Drivers			
8742	Sales			
8015	Quick Printing			
8800	Addressing & Mailing			
8799	Clerical Staff Addressing & Mailing			
8324	Other: Fuel Station			

Officers

Name	Title	Class code	% of ownership	Included or excluded

PRIOR POLICY HISTORY

Insurance Company History	POLICY #	# OF CLAIMS	AMOUNT OF LOSS

Do you subcontract out any work? _____ Yes _____ NO

Do you retain subcontractor's Liability and worker's compensation cert insurance on file? _____?

Description of Operation- Genrnal Notes: