



WORKERS' COMPENSATION QUESTIONNAIRE

Company Name			
Company Address			
Complete Description of Business Operations:			
Policy Renewal Date		Years in Business	
Federal ID #		Contractor's License #	
Do you use an outside payroll provider? Who?			

Class Code	Estimated Annual Payroll	# FT & PT Employees

Owner / Officer Name	Title	% of Ownership/Stock	Included or Excluded

Contractors Underwriting Questions			
% Commercial Work		% Residential Work	=100%
% New Construction		% Remodel / Service	=100%
% Work Sub Contracted		Annual Sub Costs	