



WORKERS' COMPENSATION QUESTIONNAIRE

Company Name		DBA	
Mailing Address			
Location Address			
Phone Number		Email	
Complete Description of Business Operations			
Policy Renewal Date		Years in Business	
Federal ID #			
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