

BLOCK INSURANCE WC INFO SHEET

Effective Date _____ Contact person _____

Phone # _____ Fax # _____

In an attempt to write your Worker's Compensation policy, this completed form will be needed approximately 1 week before your desired policy effective date. Once this information is gathered, additional information may be required. All answers must be as accurate as possible and all must be answered.

EXACT name of business: _____

Dbas: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Physical Address: _____

City _____ State _____ Zip Code _____

FEIN: _____ - _____

CIRCLE entity: Corporation, Subchapter S, Individual, Partnership, or other _____

Age range of children: _____

Number of locations: _____ Hours of operation: _____ am to _____ pm

Days of week operating: _____ Number of years in business: _____

Do you have overnight stays? Yes or No. If yes, explanation: _____

Estimated annual revenue: \$ _____

CIRCLE ALL that apply: Cook, driver, janitorial or NONE

Transport to & from school? Select: Yes or No. Round trip mileage: _____

Number of field trips per year: _____ Average field trip distance: _____

Are drivers required to wear seatbelts? Select: Yes or No.

Physicals required for drivers? Select: Yes or No.

Employees: Full time # _____ Part time # _____ Total# _____

Annual Payroll: (see example below) (If officers are excluded do not include their payroll.)

8869 or 8868 (teachers, assistants etc) = \$ _____

9059 or 9101 (cooks, drivers, janitorial) = \$ _____

EXAMPLE: A teacher is working 8 hours per day and making \$10 per hour with a daily pay of \$80. However, during the day she works two of those hours as a driver and or a cook. Her payroll would be separated as follows: 8869 = \$60.00 and 9059 = \$20.00. Please be advised we are looking for an ANNUAL figure. In addition, a driver or cook log MUST be kept and should make it clear who the driver or cook is and how long they worked in each position.

In addition: (please include all checked items)

Please include list of employees and last 4 quarters unemployment tax returns (UCT6/941)

Transportation Supplemental Application (if attached)

Loss Runs (4 years worth). These must be requested by you, from your prior agent or insurer and should include premiums for each year.

Officers

Officer Name	DOB	Social Security #	Title	Ownership Percentage	Duties	Include/ Excluded	Class Code	Annual Payroll
								\$
								\$
								\$
								\$
								\$

General Information: Please circle answer

- | | | |
|---|--------|----|
| 1. Is applicant engaged in any other type of business? | Yes or | No |
| 2. Are subcontractors and/or independent contractors used? | Yes or | No |
| 3. Any work Sublet without Certificates of Insurance? | Yes or | No |
| 4. Is a formal Safety Program in operation? (written copy needed – please attach) | Yes or | No |
| 5. Any employees under 16 or over 60 years of age? | Yes or | No |
| 6. Any part time or seasonal employees? | Yes or | No |
| 7. Is there any volunteer or donated labor? | Yes or | No |
| 8. Any employees with physical handicaps? | Yes or | No |
| 9. Are athletic teams sponsored? | Yes or | No |
| 10. Are physicals required after offers of employment are made? | Yes or | No |
| 11. Any prior coverage declined/cancelled/non-renewed (last 3 years)? | Yes or | No |
| 12. Are employee health plans provided? | Yes or | No |
| 13. Is there any current or anticipated debt for unpaid premiums or audits owed to any previous Worker's Compensation provider? | Yes or | No |

Please explain all "Yes" answers:

Form completed by _____ Date _____

Signature _____

PLEASE RETURN this completed form, loss runs and UCT6's including list of employees to FAX 407 365-1862. If you have any questions you may call 800 225-0863 or email laura@blockinsurance.net