



WC Information Request Form Supplement

BUSINESS INFORMATION

Name: _____

Type of Business: C-Corp S-Corp LLC-Taxed as: _____ Partnership
Other Entities: Yes No

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Date Incorporated (M/Y): _____

Fax: _____ Renewal Date (M/D): _____

INFORMATION NEEDED TO CONDUCT PRELIMINARY FEASIBILITY STUDY

(please note that analysis cannot be completed without all of the requested data)

Complete

Underwriting Requirement

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Payroll by state and class code for all insured entities |
| <input type="checkbox"/> | Five years currently valued historical loss history |
| <input type="checkbox"/> | Historical payroll to correspond with loss history |
| <input type="checkbox"/> | Completed employee concentration worksheet |
| <input type="checkbox"/> | Copy of company safety program or manual |
| <input type="checkbox"/> | Copy of policy(s) or summary of current workers compensation program. (premium, deductibles, policy period) |

If you have questions regarding the information requested please contact:

Risk Management Advisors, Inc.
110 Pine Ave., Suite 310
Long Beach, CA 90802
562.472.2846
562.435.7886
www.riskmgmtadvisors.com

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