



Workers Compensation Indication Questionnaire

Contact Information

Name of Business: _____
 Principal Contact Name: _____
 Street Address: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Email Address: _____

Business Activities

Type of Business: (Sole Prop, S-Corp, LLC, etc.) _____
 Description of Business/Services: _____
 Date Business Was Established: _____
 Primary State Where Business is Located: _____

Payroll Information

(Do Not Include Payments to Owners or Sub Contractors unless coverage is desired or required for them)

Annual Gross Payroll: _____

Employee Classification and Payroll by State:

<u>Classification</u>	<u>No. of Employees</u>	<u>Annual Payroll</u>	<u>State</u>
(Example: Tax Preparer, Administrative Assistant, etc)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Coverage Information

Do You Currently Carry Workers Compensation Insurance? Yes _____ No _____

Current Carrier: _____

Expiration Date: _____

Premium: _____

Have You Had Any Losses In The Past 5 Years? Yes _____ No _____

(If yes please provide the date, description and amount paid below)

Founded in 1949 the Herbert H. Landy Insurance Agency has specialized in providing professional liability insurance since 1962, insuring thousands of professionals throughout the United States. We are committed to "earning the privilege" of being your chosen source for this valuable insurance.

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The Herbert H. Landy Insurance Agency, Inc.

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