



RELIANCE PARTNERS

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Workers Compensation Information Sheet:

Contact Name _____

Phone # _____

Business Name

Business Address

Mailing Address

List any other States in which you do business _____

Description of Business

Years in Business _____ Years Continuous Work Comp _____

Current Work Comp Carrier _____ Policy Dates _____

Experience Mod Factor _____ NCCI Risk ID # _____

Federal Tax ID # _____ State Unemployment ID # _____

Class Code	Description	# Employees	Annual Payroll
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are Officers to be included ? _____ Officers Payroll _____

Please complete this quote sheet & return it to us by fax or email, along with:

- Current 5 year loss runs
- A copy of your current Work Comp policy face sheet
- A copy of the latest NCCI worksheet