

Work Comp Quote Questionnaire

(4 employees or more, required by SC)

Limit options: \$100,000/500,000/100,000
\$500,000/500,000/500,000
\$1,000,000/1,000,000/1,000,000

Experience Modification (if you have it) _____

<u>Job Classification</u>	<u>Code</u>	<u># Employees</u>	<u>Payroll</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Managers/owners/officers Payroll: _____

Losses for the past 3 years. (attach if you have)

Subcontractors use: (yes or no) approx. subcontractors cost: _____

Do your Subs use certificates?