

Workers Compensation Quote Form

Business Name: _____

Address: _____

Phone: _____ Fax: _____

Federal ID # _____ # of years in business _____

Payroll by code/classification:

Code _____ An. Payroll \$ _____

Code _____ An. Payroll \$ _____

Code _____ An. Payroll \$ _____

Code _____ An. Payroll \$ _____

Experience Mod. _____ Sub Contracted Labor Costs \$ _____

**Fax or email additional codes/payroll to 906-774-8591 or
upistinam@chartermi.net

Corporate officers included or excluded in workers
compensation coverage? If included, give actual
payroll: Pres.

\$ _____, VP \$ _____, Sec \$ _____ Treas. \$ _____

Losses paid past years: _____
