

Western Benefit Solutions
WORKERS COMPENSATION SURVEY

675 N. First St. Ste #150 San Jose CA, 95112
Phone: 408 278 8355 Fax: 408 521 3348 Email: Juliana@westernben.com

Company's name _____

Address _____

Phone number _____ **Fax number** _____

Contact person _____ **Email** _____

Business category: Individual, corporation, partnership or other _____

Description of operation:

Suggested effective date _____ **Tax ID #** _____

Date business started _____ **Website** _____

Number of years with workers compensation's coverage _____*

Current carrier _____

Policy number _____ **Expiring date** _____

Regarding Employee's:

Class code or job description	# of full time/part time employees	payroll

Ownership (all owners will be excluded unless otherwise requested):

Owner's name	Title/duties	Payroll	State	% ownership

- Any health plan, 401K, IRA, SEP provided? ** Y/N
- Any work over or under 15 feet? Y/N
- Is applicant engaged in any other business? Y/N
- Any contractors or subcontractors used? If yes percentage contracted. Y/N
- Is a written safety program in operation? Y/N
- Any group transpiration provided? Y/N
- Any seasonal, under 16, over 60, handicapped employees or volunteers? Y/N
- Any employee travel out of state? Y/N
- Any lien or bankruptcy in the past 5 years? Y/N
- Applicant own, operates, or lease aircraft/ watercraft? Y/N
- Have past, present, or discontinued operation involved strong any treating applying, disposing or transporting of hazardous material? Y/N
- Any work preformed underground or above 15 feet? Y/N
- Any work preformed on barges, vessels, docks, bridges over water? Y/N
- Are you engaged in any other type of business? Y/N
- Any work sublet without certificate of insurance? Y/N
- Any written safety program in operation? Y/N
- Any group transpiration provided? Y/N
- Any athletic team sponsored? Y/N
- Any previous coverage declined, canceled, or non-renewed? Y/N
- Any employees perform work for other business or subsidiaries? Y/N
- Do you lease employee to or from other employers? Y/N
- Any employees work predominantly from home? Y/N
- Any tax lien or bankruptcy during the past 5 years? Y/N
- Any undisputed and unpaid workers compensation's premium? Y/N

Please explain all yes answers:

Remarks and notes:

**Please provide loss runs for the past 5 years, this could be requested from your carrier and it could be fulfilled instantly upon the insured's request.*

** Let us know if you need a quote for this.

Thank you for the opportunity to quote your insurance. Please let us know if you have questions or if you need help filling this out.