

HUTCHERSON CORP.DBA
HUTCHERSON INSURANCE SERVICES
940.382.9696
940.387.6962 fax

WORKERS' COMPENSATION

Name _____ Date _____
Company name _____
Company address _____
Telephone _____ Fax _____
Email _____ Website address _____

Please answer the following questions:

1. How many years in business? _____
2. Federal tax ID number: _____ SIC code: _____
3. Are you a corporation? _____ If yes, type? _____
4. Have you had any employee claims in the previous 3 years? _____
Need loss runs for past 3 years + current year, class codes from prior policy, premium history for last 3 years + current year estimate*
5.

| | | | |
|-------------------------|-------------------|-----------------|---------|
| #of Full time employees | Job titles/duties | Gross payroll** | WC Code |
| _____ | _____ | _____ | _____ |
6. What states do you operate in or have employees? _____
7. Modifier (NCCI) _____ (Need hard copy, also.)
8. Do you currently have worker's compensation coverage? _____
If yes, name of carrier _____ How many years _____
9. Are executive officers included or excluded? _____ If included, state their remuneration & job description. _____
10. Do you have a formal safety program? _____ If yes, need copy of the table of contents.
11. Do employees travel out-of-state? _____ Out-of-country? _____
12. Are employee health plans provided? _____
13. Do you own 50% interest in any other company? _____
14. Do you interchange employees with any other company? _____
15. Do you use company employees for personal business? _____
16. Do you hire uninsured sub-contractors? _____ If yes, disclose salary and duties _____

*Without prior hard copies of loss and premium history, rates are subject to change.
Need 3 year plus, current date claims for this year.

**Payroll is defined as gross pay, bonus, auto reimbursement, commission and other compensation. If you are not familiar with this, ask for full definition.