



J&C Corbett Insurance Services, Inc.

www.corbett-insurance.com

609 COURT ST
800 400-1125

WOODLAND, CA 95695
530 419-2000

Lic No.: OD34028
FAX: 530 419-2018

WORKERS' COMPENSATION INSURANCE

Issuance of an insurance policy is subject to underwriter/carrier approval.

Please answer all questions and fax or mail this form for a quote.

Incomplete forms cannot be processed.

- Business Name _____
Social Security or Tax Payer ID # _____ Employer Development Dept (EDD) # _____
- Sole Owner Partnership Corporation
- Names of Owners, Officers, or Directors: _____
Bankruptcy within the last 7 years? No Yes
- License # _____ Classification(s) _____ Years in business _____
- Cell Phone () _____ Office Phone () _____
- Email _____ Fax () _____
- Physical Address (no PO Box) _____
- Mailing Address (if different) _____
- Number of full-time employees: _____ Number of part-time employees: _____

The following information MUST be included in order for us to provide you with a quote.

10. Hourly wage per class of employee (class means type of work performed):

Example:

\$ up to \$24/hr Class: carpentry
\$ more than \$24/hr Class: carpentry

- \$ _____ Class: _____
- \$ _____ Class: _____
- \$ _____ Class: _____
- \$ _____ Class: _____

11. Annual payroll per class of employee (must be provided for each hourly class listed above):

Example:

\$ 80,000 Class: carpentry

- \$ _____ Class: _____
- \$ _____ Class: _____
- \$ _____ Class: _____
- \$ _____ Class: _____

12. NAME OF PREVIOUS WORKERS' COMPENSATION CARRIER: _____

Dates of coverage: _____ Experience Modification: _____

(You must include copies of any LOSS REPORTS received from your carrier covering the previous 3 years.)

- Any work-related injuries or claims within the last 5 years? Yes No

SEE REVERSE FOR GENERAL LIABILITY