

HALL & COMPANY

Professional Liability Insurance Brokers

Workers' Compensation Quote Request

General Information

1. Firm name: _____ Years in Business _____
2. Mailing Address: _____ City: _____ State: _____ Zip: _____
3. Firm address, if different than mailing address: _____
4. Principal Contact: _____ Title: _____
 E-mail: _____ Phone: _____ Fax: _____
5. Website: _____ 6. Federal Tax # _____
7. Firm Type: Corp. Partnership LLC/LLP Sole Proprietorship Joint Venture Other Specify: _____

Statutory Employers Liability (Choose One)

8. Please provide the following:
- | | |
|--|---|
| <input type="checkbox"/> \$100,000/\$500,000/\$100,000 | Requested Effective Date _____ |
| <input type="checkbox"/> \$500,000/\$500,000/\$500,000 | Current Carrier _____ Current Policy Period _____ |
| <input type="checkbox"/> \$1,000,000/\$1,000,000/\$1,000,000 | |

Projected Payroll and Number of Employees

9. Please provide your employee payroll information (Enter Owner/Officer info below in Item 10)

	Projected Payroll	Number of Employees
8603 Draftsmen		
8603 Clerical		
8601 Engineer/ Architect/ Consulting		
8602 Surveyors		
Others: _____ Please explain duties below.		

Current Experience Modification: _____

10. Partners, Officers & Individual Owners to be included or excluded:

Name	Title	% of Ownership	Duties	Payroll	Included/ Excluded
		%			
		%			
		%			

If additional space is needed, please attach it when you submit the form.

Additional Employment Information

Please answer all of the following questions and explain the details of any yes answers.

11. Nature of Business/Description of Operation:

12. Do you own, operate or lease aircraft/watercraft? If yes, please explain.....Yes No

13. Does your operation involve storing, treating, discarding, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.) If yes, please explain.....Yes No

14. Any work performed underground or above 15 feet? If yes, please explain.Yes No

15. Any work performed on barges, vessels, docks and bridges over water? If yes, please explain.Yes No

16. Any part time or seasonal employees? If yes, please explain.Yes No

17. Is there any volunteer or donated labor? If yes, please explain.Yes No

18. Are there any employees with physical handicaps? If yes, please explain.Yes No

19. Are athletic teams sponsored? If yes, please explain.Yes No

20. Does any employee travel out of state? If yes, please explain.Yes No

21. Does any employee travel out of country? If yes, please explain.Yes No

22. Any prior Worker's Comp coverage declined/cancelled/non-renewed in the last three years? If yes, please explain. Yes No

23. Is an employee health plan provided? If yes, list the provider.....Yes No

24. Do any employees predominantly work at home? If yes, please explain.Yes No

25. Any Worker's Compensation losses in the past three years? If yes, please explain.Yes No

26. Are Sub-Contractors used? If yes, please explain.Yes No

27. Any work sublet without certificate of insurance? If yes, please explain.....Yes No

28. Any employees under 16 or over 60 years of age? If yes, please explain..... Yes No

Applicant understands the information submitted herein becomes part of the application for Professional Liability Insurance and is subject to the same representations and conditions.

Name: _____ Date: _____

Title: _____

Applicant's Signature: _____

To submit the application follow the instructions in the order listed below.

1. Save a copy of the completed application to your computer for your records.
2. Print, sign, and mail or fax a copy of the completed application to Hall & Company at the address below. (A signed application is needed to complete underwriting.)
3. Submit this completed electronic application to Hall & Company. Alternatively, you can fax the application to (360) 598-3703.

When you press the Submit button an e-mail window will open with the application attached. Please attach to this e-mail any additional information, if needed.

If you use a web based e-mail program, such as Hotmail or Yahoo, please save the completed application to your computer and e-mail it along with any additional information to submittals@hallandcompany.com.

**Michael J Hall & Company 19660 10th Ave. NE Poulsbo, WA 98370
Ph: (360) 598-3700 Fax: (360) 598-3703 Website: www.hallandcompany.com**