



Workers Compensation Department
 11160 Sun Center Drive
 Rancho Cordova, CA 95670
 Phone: 1-800-253-5553 v Fax: 1-800-210-3210
 Email: jmason@cimsga.com
 Insurance License No. 0614752

WORKERS COMPENSATION INSURANCE QUOTE REQUEST

Broker Information

Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-mail: _____

License #: _____ Tax ID: _____

Client Information

Contact Person & Title: _____

Legal & DBA Name of Company: _____

Mailing Address: _____

Physical Address: _____
Please list additional locations (if any) on a separate sheet

Phone: _____ Fax: _____ Email: _____

Federal Tax ID Number: _____

Company Type: Sole Proprietor Partnership Corporation LLC
 Other _____

of years in business _____ Contractor's License # _____ Web Address _____

Name of Current Carrier _____

Effective Date: _____ Expiration Date: _____ Ex-Mod Factor (if applicable): _____

Group Health Carrier: _____ Liability Carrier: _____

Rating Information

list additional classes on a separate sheet of paper

Class Code	Categories/Duties/Classification	No.F/T Emps-No.P/T Emps	Est. Annual Payroll
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Partners/Officer/Owner Information

Name	Title/Relationship	Ownership	Include/Exclude?
_____	_____	_____ %	_____
_____	_____	_____ %	_____
_____	_____	_____ %	_____
_____	_____	_____ %	_____

Nature of business/Description of Operations

please provide a detailed description of operations: _____

ATTACH 3 YEARS OF CURRENTLY VALUED "LOSS RUNS" FOR THIS EMPLOYER

General Information—please explain all "Yes" responses

- Does applicant own, operate or lease aircraft/watercraft?
 Yes No
- Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous materials (eg, landfills, asbestos, wastes, fuel tanks)?
 Yes No
- Any work performed underground or above 15 feet?
 Yes No
- Any work performed on barges, vessels, docks or bridges over water?
 Yes No
- Is applicant engaged in any other type of business?
 Yes No
- Are subcontractors used?
 Yes No
- Any work sublet without certificates of insurance?
 Yes No
- Is a formal safety program in operation?
 Yes No
- Any group transportation provided?
 Yes No
- Any employees under 16 or over 50 years of age?
 Yes No
- Any employees over 60 years of age?
 Yes No
- Any part-time or seasonal employees?
 Yes No
- Is there any volunteered or donated labor?
 Yes No
- Any employees with physical handicaps?
 Yes No
- Do employees travel out-of-state?
 Yes No
- Are athletic teams sponsored?
 Yes No
- Are pre-employment physicals required?
 Yes No
- Any other insurance with this carrier?
 Yes No
- Any prior coverage declined/canceled/non-renewed (last 3 years)?
 Yes No

Quote Request(s):

- Shop all available markets
- Blue Cross Integrated Workers Compensation
- Other: _____

FAX REQUESTS TO 1- 800-210-3210