



Employers Insurance Group, Inc.

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Workers Compensation Questionnaire

Name of the company:

Years in business:

How is the company formed (Corp, S-Corp, LLC, S-Prop):

How many years experience does the owner have:

What is your company's Federal Employer ID Number (or your SSN if you don't have a company FEIN):

What is the mailing address of the company:

What is the physical address (if different):

What do your employees do:

How many employees do you have:

What is your estimated payroll for the year (per class code):

Who are the owners, what percentage of ownership and do they need to be included/excluded from the policy:

Have you had work comp coverage for this company before: If yes, any claims:

What is the highest your employees are off the ground:

Do you use any sub-contractors: If yes, what percent of your work is subbed out:

Do you require certificates of insurance from your subs:

Is any work done out of state: If yes, where:

Are employee health plans provided: