

Workers Compensation Proposal Worksheet

Please provide your current class code information and indicate your estimated annual payroll below, and the other information which allows me to accurately begin your proposal. *This information is **confidential** and is provided only to my underwriting department for the specific purpose of providing a **company approved** Workers' Compensation coverage proposal.*

Please fax to me @ 805-497-7490, or email to: mike@clientcare-insurance.com.
Or visit this page on my site: www.clientcare-insurance.com/request_a_quote/

Class Code		Description	No. of employees	Estimated annual payroll
8810		Clerical duties		

Federal Employer ID#:	
Ownership – names and percent of ownership:	Owner 1: _____, % ownership:
Additional ownership:	Owner 2: _____, % ownership:
Current Carrier(s), last four yrs:	
Policy number:	
Experience Modification (if known):	
Health coverage offered:	Circle one: Yes or no / % percent employer pays:

My goal is to provide you with a competitive proposal for your review.
But even more, we will focus on plugging the holes in your plan so that you avoid losing money!!

Respectfully,

Michael Vrchota

Profit from confidence in your coverage