



FLORIDA INSURANCE CONSULTANTS

Specializing in Workers' Compensation

Tommy Folsom

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Quote Form for Clients coming from Leasing

Please provide the answers to the following questions so that we can secure a quote for you on your WORKERS' COMPENSATION INSURANCE. You may mail the information to 510 N. Sunset Dr., Monticello, FL 32344 or fax it toll free to (866) 296-3641 or local 850-894-3641 or email it to quote@floridainsuranceconsultants.com.

1. BUSINESS NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____
EMAIL: _____
2. TOTAL NUMBER OF YEARS IN BUSINESS: _____
3. FEIN NUMBER: _____
4. CORPORATE OFFICERS:
Name: _____ Title: _____ Ownership: _____ % Included? _____ Excluded? _____
Name: _____ Title: _____ Ownership: _____ % Included? _____ Excluded? _____
Name: _____ Title: _____ Ownership: _____ % Included? _____ Excluded? _____
5. DO YOU CURRENTLY HAVE A DRUG FREE WORKPLACE PROGRAM IN PLACE? Yes _____ No _____
DO YOU CURRENTLY HAVE A WORKPLACE SAFETY PROGRAM IN PLACE? Yes _____ No _____
6. HOW MANY YEARS HAVE YOU BEEN WITH A LEASING COMPANY? (FILL IN THE BLANK) _____
7. TOTAL NUMBER OF EMPLOYEES _____
8. PLEASE CIRCLE THE FOLLOWING PAY FREQUENCY: WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY
9. NUMBER OF DELIVERY LOCATIONS? _____
10. NUMBER OF EMPLOYEES THAT ARE USING THE LEASING COMPANY'S HEALTH PLAN _____
A COPY OF YOUR CURRENT POLICY SPECIFICATION PAGE: (1st page of policy)
5. A COPY OF YOUR PAYROLL REPORT SHOWING PAYROLLS BROKEN DOWN BY CLASSIFICATION CODES.
8. IF CORPORATE OFFICERS ARE INCLUDED, PROVIDE CLASS CODE & PAYROLL FOR EACH.
9. A COPY OF YOUR LOSS RUNS FOR THE PAST THREE YEARS.