



FLORIDA INSURANCE CONSULTANTS

Specializing in Workers' Compensation

Tommy Folsom

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QUOTE FORM

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.

Thank you for the opportunity to quote your account.

1. BUSINESS NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____
EMAIL: _____
2. TOTAL NUMBER OF YEARS IN BUSINESS: _____
FEIN NUMBER: _____
CURRENT EXPERIENCE MODIFICATION FACTOR: _____
3. A COPY OF YOUR CURRENT POLICY SPECIFICATION PAGE: (1st page of policy)
4. A COPY OF YOUR PREMIUM PAGE SHOWING PAYROLLS BROKEN DOWN BY CLASSIFICATION CODES AND THE EXPIRATION DATE OF YOUR COVERAGE.
5. ARE YOU CURRENTLY RECEIVING CREDIT FOR A DRUG FREE WORKPLACE? Yes _____ No _____
ARE YOU CURRENTLY RECEIVING CREDIT FOR A SAFETY WORPLACE? Yes _____ No _____
6. CORPORATE OFFICERS:
Name: _____ Title: _____ Ownership: _____ % Included? _____ Excluded? _____
Name: _____ Title: _____ Ownership: _____ % Included? _____ Excluded? _____
Name: _____ Title: _____ Ownership: _____ % Included? _____ Excluded? _____
7. IF CORPORATE OFFICERS ARE INCLUDED, PROVIDE CLASS CODE & PAYROLL FOR EACH.
8. A COPY OF YOUR LOSS RUNS FOR THE PAST THREE YEARS.