



# FLORIDA INSURANCE CONSULTANTS

*Specializing in Workers' Compensation*

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## QUOTE FORM for Clients with No Prior Coverage

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](mailto:quote@floridainsuranceconsultants.com).

1. BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_
2. TOTAL NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_  
FEIN NUMBER: \_\_\_\_\_
3. DO YOU WISH TO RECEIVE CREDIT FOR A DRUG FREE WORKPLACE? Yes \_\_\_\_\_ No \_\_\_\_\_  
DO YOU WISH TO RECEIVE CREDIT FOR A SAFETY WORPLACE? Yes \_\_\_\_\_ No \_\_\_\_\_
4. LIST NAMES, BIRTHDATES AND SOCIAL SECURITY NUMBERS OF ALL EMPLOYEES AND CORPORATE OFFICERS.
5. A NO LOSS LETTER STATING THAT YOU HAVE NOT HAD ANY WORKERS COMPENSATION CLAIMS AGAINST YOU. ONE CAN BE FOUND ON OUR WEBSITE AT: [www.floridainsuranceconsultants.com](http://www.floridainsuranceconsultants.com)
6. A WRITTEN RESUME GIVING YOUR YEARS OF EXPERIENCE AND DESCRIPTION OF OPERATIONS.
7. CORPORATE OFFICERS: OFFICERS MUST HAVE AT LEAST 10% OWNERSHIP TO BE EXCLUDED, LIMIT OF 3 OFFICERS FOR CONSTRUCTION RISKS.  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership: \_\_\_\_\_ % Included? \_\_\_\_\_ Excluded? \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership: \_\_\_\_\_ % Included? \_\_\_\_\_ Excluded? \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership: \_\_\_\_\_ % Included? \_\_\_\_\_ Excluded? \_\_\_\_\_
8. IF CORPORATE OFFICERS ARE INCLUDED, PROVIDE CLASS CODE & PAYROLL FOR EACH.
9. TOTAL GROSS PAYROLL FOR ALL EMPLOYEES BROKEN DOWN BY CLASS CODE.