CAPITAL INSURANCE SERVICES

4299 Five Oaks Drive
Lansing, MI 48911
Phone: (517) 482-7900
Fax: (517) 482-1696
www.capitalinsurance.com

Workers Compensation Quote Sheet

Business Name: _____ FEIN #: _____ Year Established: _____

Phone: _____ E-Mail: _____

Location Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Owner or Tenant: _____

Entity Type: ☐ Sole Proprietorship ☐ Partnership / LLP ☐ Corporation ☐ LLC
☐ PC ☐ Other (list): _____

Should any officers be included or excluded on the workers compensation policy?

Officer Information						
Include or Exclude	Name	Position	% Owned	Classification	Payroll	State
				Select one....		
				Select one....		
				Select one....		
				Select one....		
				Select one....		

Number of Employees: _____Full-Time _____ Part-Time

Payroll Information				
State	Location #	Classification	Zip Code	Payroll
		Select one....		
		Select one....		
		Select one....		
		Select one....		
		Select one....		

Are any employees leased from another entity? ☐ Yes ☐ No

Do any employees travel outside of the country as part of their work? ☐ Yes ☐ No

Do you have any volunteer labor? ☐ Yes ☐ No

Do you have more than 50% ownership in any other business? ☐ Yes ☐ No
If yes, please list: _____

Please provide any losses in the last 3 years: _____

_____

Do you belong to any groups, credit unions or professional organizations? _____

_____

<u>Current Insurance Information</u>

Company Name: _____ Annual Premium: _____ Expiration Date: _____