

C Wong Insurance Agency
Workers Compensation Questionnaire

Name: _____ Phone: _____ Contractors License # _____
 DBA: _____ Fax: _____
 Address: _____ E-Mail: _____

Sole Proprietor Partnership (# of partners _____) Corporation (# of officers) _____
*Only ones active in field *Only ones active in field

_____ Years in business
 _____ Current Carrier _____ How many years of continuous coverage?
 _____ Expiration Date _____ For the past 5 years, any claims of losses?
(If yes, will need loss runs and details on claim/s)

Description of Operations: _____

Names of Owner(s): Need social security number (for each) or federal ID number:

Member of any trade or business associations: _____

Employee Information

| | | | |
|---------|-------|-----------------|---------------|
| # _____ | PT/FT | Wages: \$ _____ | Duties: _____ |
| # _____ | PT/FT | Wages: \$ _____ | Duties: _____ |
| # _____ | PT/FT | Wages: \$ _____ | Duties: _____ |
| # _____ | PT/FT | Wages: \$ _____ | Duties: _____ |

General Questions

_____ Employ minors under the age of 18?
 _____ Do you have any Injury & Illness Prevention Program?
 _____ Do you offer paid vacations?
 _____ Do you offer paid sick leave?
 _____ Do you offer employee health plans?
 _____ Have you received any OSHA citations within the past year? If yes, please explain: _____
 _____ Any tax liens or bankruptcies in the last 5 years?
 _____ Any subs used _____ % of subs used

List of locations and number of employees working out of each:

1 _____

2 _____

3 _____

| | | |
|--------------------|--------------------------|-----------------------|
| Mailing Address: | Physical Address: | Phone: (800) 388-0074 |
| P O Box 6028 | 301 Georgia Street, #315 | Fax: (707) 644-6272 |
| Vallejo, Ca. 94591 | Vallejo, Ca. 94590 | |