



## Preferred Workers' Compensation Program Quick Quote Sheet

**Business Entity Name:** \_\_\_\_\_

**Owner/Operator Name:** \_\_\_\_\_  
If a franchisee

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
(if different than mailing)

**Phone and Fax:** \_\_\_\_\_

**FEIN:** \_\_\_\_\_

**Do you have a Safety Program?** YES  NO

**Check ONE:** Sole Prop  Corporation  Partnership  LLC  Sub Chapter-S  OTHER  \_\_\_\_\_

### Ownership Information

Name	Title	Ownership %	Duties	Included / Excluded	Payroll

- ✓ attach a list of work locations to ensure your quote is issued correctly
- ✓ sign and return this form with accompanying information

