



## Preferred Workers' Compensation Program Quick Quote Sheet

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<b>Business Entity Name:</b>	_____
<b>Owner/Operator Name:</b> <small>If a private company</small>	_____
<b>Mailing Address:</b>	_____
<b>Physical Address:</b> (if different than mailing)	_____
<b>Phone/Fax:</b>	_____
<b>FEIN:</b>	_____
<b>Do you have a Safety Program?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Check ONE:</b> Sole Prop <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sub Chapter-S <input type="checkbox"/> OTHER <input type="checkbox"/> _____	

**Please attach the NCCI worksheet if available**

NCCI Experience MOD Factor: \_\_\_\_\_

### Non-Public Companies ONLY - Ownership Information

Name	Title	Ownership %	Duties	Included / Excluded	Payroll

### IMPORTANT - PLEASE COMPLETE:

- ✓ attach a list of work locations to ensure your quote is issued correctly
- ✓ include at least three years of loss runs, currently valued – 5 years recommended
- ✓ sign and return this form with accompanying information to:

**BESNARD & ASSOCIATES INSURANCE** 16506 Pointe Village Drive, Suite 103 Lutz, FL 33558  
 OR FAX: (813) 926-1724 Questions? ☎ (877) 200-1718 / 📧 [Adam.Besnard@besnardinsurance.com](mailto:Adam.Besnard@besnardinsurance.com)

