



## Preferred Workers' Compensation Program Quote Sheet

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

**Owner/Operator Name:** \_\_\_\_\_  
*If a private company*

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

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

**Phone/Fax:** \_\_\_\_\_

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

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

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

**Please attach the NCCI worksheet if available**

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

**Non-Public Companies ONLY - Ownership Information**

Name	Title	Ownership %	Duties	Included / Excluded	Payroll

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

**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)

