

Preferred Workers' Compensation Program Quote Sheet

Business Entity Na	nme:						
Owner/Operator N If a private company							
Mailing Addres							
Physical Addres (if different than ma	s:				_		
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	s ONLY - Ownershi	•					
Name	Title	Ownership %	Duties	Included / Excluded	Payroll		
<u> </u>		1					
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? **2** (877) 200-1718 / Adam.Besnard@besnardinsurance.com



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State (FL, AL, GA, etc.): Please include a separate sheet for each US State	
Duplicate this page if your codes will not fit	

Estimated Full Time -**Estimated Part Time -ANNUAL Payrolls to NCCI Code: NCCI Description: Indicate Number of Indicate Number of** use in Rating: **Employees: Employees:** Quick Service Restaurant, Crew, 9083 Managers, and Maint. Clerical/Office Staff 8810 **Food Delivery Drivers** 7380

Completed by:	Date:	Title:

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