



Workers' Comp Form



1101 S. 3rd St. W., #103
Missoula, Montana 59801
fax 1-888-543-3504 |

Complete name of your business & legal entity (LLC, CORP, etc.)

Mailing Address: _____

Physical location of your business: _____

Phone: _____

fax number: _____

Email address: _____

Federal ID number (FEIN) _____

In what year was the business established? _____

If less than 3 years, how many years of experience do you have in this industry? _____

Tell me about your operation, including services offered, hours of operation, etc. - or a website address if you have one: _____

How many full-time employees? _____ How many part-time? _____

Please estimate your annual payroll excluding owners: \$ _____

Do owners wish to be included for worker's compensation coverage: Yes No

If yes, annual payroll estimate for owners: \$ _____

Have you had any claims in the past 3 years? Yes No

If Yes, please describe claims and, if you know, how much the carrier paid for each: _____

Do you own 50% or more of any other business? Yes No

Do you lease employees? Yes No If yes, how many? _____

Do any employees travel outside of the United States? Yes No

Do you have any volunteer or unpaid employees? Yes No If yes, how many? _____

Describe any measures you take to prevent accidents? _____

Do you have workers' comp. insurance now? Yes No

If yes, current insurance carrier and expiration date _____

Please list the names of the owners/officers of the company _____
