



19626 Ventura Blvd., Suite 204B • Tarzana, CA 91356
Ph: (818) 609-9133 • Fx (818) 609-0061 • Email: quote@usptis.com

Workers Compensation Questionnaire

Applicant Name (including all Corporate Officers, Partners, and Their Titles):

Date of Birth:

- 1.
- 2.
- 3.
- 4.
- 5.

Company Name:

Business Mailing Address:

Business Physical Address:

Business Phone Number:

Business Entity: Individual Partnership Corporation LLC LLP

Federal Tax ID#:

Business Description:

Number of Employee: Full Time Part Time Annual Payroll (Excluding Owners):

Class code

- 1.
- 2.
- 3.
- 4.
- 5.

Experience Modification Rate:

Current/ Prior Work Comp Insurance Carrier Including Policy Number:

*****PLEASE PROVIDE THE PAST 4 YEARS' CURRENT VALUE LOSS RUNS. THANK YOU*****