Workers Compensation Quote Form

Steele Insurance Agency | 804-883-5858 | steeleagency804@gmail.com

Complete all known details. Fillable on computer or mobile PDF readers. Save before emailing back.

Basic Business Information

Business Name | **DBA** | **Entity Type**

Select

Physical Address | **Mailing Address**

Contact Name | **Phone** | **Email**

FEIN / SSN | **Years in Business** | **Website**

Business Description / Operations

Workers Compensation Information

Number of Employees | **Owners Included?** | **Effective Date Needed** | **Prior Carrier**

Select

Annual Payroll Total | **Experience Mod** | **Federal ID** | **State(s) Worked In**

Payroll / Class Code Schedule

Class Code	Duties	Payroll	Full/Part Time

Owner / Officer Information

Name	Title	Ownership %	Included/Excluded

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Underwriting Questions

Any employees travel out of state	☐ Yes	☐ No	Any subcontractors used	☐ Yes	☐ No
Certificates of insurance collected	☐ Yes	☐ No	Any prior WC claims	☐ Yes	☐ No
Any work above 15 feet	☐ Yes	☐ No	Any USL&H/maritime exposure	☐ Yes	☐ No

Claim Details / Additional Notes