



Workers Compensation Department
 11160 Sun Center Drive
 Rancho Cordova, CA 95670
 Phone: 1-800-253-5553 v Fax: 1-800-210-3210
 Email: jmason@cimsga.com
 Insurance License No. 0614752

WORKERS COMPENSATION INSURANCE QUOTE REQUEST

Broker Information

Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-mail: _____

License #: _____ Tax ID: _____

Client Information

Contact Person & Title: _____

Legal & DBA Name of Company: _____

Mailing Address: _____

Physical Address: _____
Please list additional locations (if any) on a separate sheet

Phone: _____ Fax: _____ Email: _____

Federal Tax ID Number: _____

Company Type: Sole Proprietor Partnership Corporation LLC
 Other _____

of years in business _____ Contractor's License # _____ Web Address _____

Name of Current Carrier _____

Effective Date: _____ Expiration Date: _____ Ex-Mod Factor (if applicable): _____

Group Health Carrier: _____ Liability Carrier: _____

Rating Information

list additional classes on a separate sheet of paper

Class Code	Categories/Duties/Classification	No.F/T Emps-No.P/T Emps	Est. Annual Payroll
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Partners/Officer/Owner Information

Name	Title/Relationship	Ownership	Include/Exclude?
_____	_____	_____ %	_____
_____	_____	_____ %	_____
_____	_____	_____ %	_____
_____	_____	_____ %	_____

Nature of business/Description of Operations

please provide a detailed description of operations: _____

**** ATTACH 3 YRS OF CURRENT "LOSS RUNS" FROM YOUR CURRENT CARRIER**

General Information—please explain all "Yes" responses

1. Does applicant own, operate or lease aircraft/watercraft?
 Yes No
2. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous materials (eg, landfills, asbestos, wastes, fuel tanks)?
 Yes No
3. Any work performed underground or above 15 feet?
 Yes No
4. Any work performed on barges, vessels, docks or bridges over water?
 Yes No
5. Is applicant engaged in any other type of business?
 Yes No
6. Are subcontractors used?
 Yes No
7. Any work sublet without certificates of insurance?
 Yes No
8. Is a formal safety program in operation?
 Yes No
9. Any group transportation provided?
 Yes No
10. Any employees under 16 or over 50 years of age?
 Yes No
11. Any employees over 60 years of age?
 Yes No
12. Any part-time or seasonal employees?
 Yes No
13. Is there any volunteered or donated labor?
 Yes No
14. Any employees with physical handicaps?
 Yes No
15. Do employees travel out-of-state?
 Yes No
16. Are athletic teams sponsored?
 Yes No
17. Are pre-employment physicals required?
 Yes No
18. Any other insurance with this carrier?
 Yes No
19. Any prior coverage declined/canceled/non-renewed (last 3 years)?
 Yes No

Quote Request(s):

- Shop all available markets
- Blue Cross Integrated Workers Compensation
- Other: _____

Fax Requests To: (949) 271-4646

or E-Mail to:

Quotes@TrilliumInsurance.com