

Workers' Compensation Pricing Questionnaire



Sierra Insurance Associates, Inc.

Truckee Tahoe Insurance Services
12242 Business Park Dr., #1 Truckee, CA 96161
(530) 550-0123
lauren@sierrainsurance.com

General information:

Business Name (d.b.a.): _____

Legal Name: _____

Mailing Address: _____

Physical Address: _____

Contact Person: _____ Phone: _____ Fax: _____

Email Address: _____ Web site: _____

Type of Entity: _____

Years in Business: _____ FEIN: _____ Cont Lic # _____

Effective Date: _____ Expiration Date: _____

Description of Operations: _____

Estimated Receipts: _____

Prior Carrier Information (5 years):

Carrier	Premium & Xmod	Policy Number	Effective Date:
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___

Claim, Loss & Incident Information (5 years):

Date of Loss:	Description of Loss	Amt of Claim/Loss*	Date Valued	Open/Closed?
___/___/___	_____	_____	___/___/___	_____
___/___/___	_____	_____	___/___/___	_____
___/___/___	_____	_____	___/___/___	_____
___/___/___	_____	_____	___/___/___	_____

*Amount of Claim or Loss to include all amounts paid or reserved, including defense and other expense.

Rating Basis:

Class Code/Description	Annual Payroll	# of Full Time Employees	# of Part Time Employees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Ownership Information:

Partners/Owners/Officers Names	Title	Ownership %	Included/Excluded for Coverage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that submission of this application does not bind coverage with an insurer.

Signature

Date

Print Name

Title