



Insurance Services

PIAG INSURANCE SERVICES

Worker's Compensation Quote Form

General Info

YOU MAY SUBMIT THIS FORM ELECTRONICALLY. For your convenience, this form is fillable in Acrobat and may be submitted electronically. Save the file when completed and email to James Villanueva at jamesv@piag.org. To submit via fax, you may print and send to: 770.433.3066.

Company Name (provide full legal name including d/b/a where applicable):		Effective Date:
Physical Address:		Federal ID #
Mailing Address If Different From Above:		SIC/NAICS Code #
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
		<input type="checkbox"/> LLC
Contact Person:		Phone #:
		Fax #:
Liability Limit:	If you have WC deductible on policy give amount:	
Number of Years in Business:	Experience Mod/NCCI Number:	
Additional Locations:		

Payroll

Class Codes	Description	# of Full Time Employees	# of Part Time Employees	Annual Payroll
4299	Printing			
8810	Clerical			
7380	Drivers			
8742	Sales			
8015	Quick Printing			
8800	Addressing & Mailing			
8799	Clerical Staff Addressing & Mailing			
	Other:			

Officers

Name	Title	Class code	% of ownership	Included or excluded

Underwriting Questions:

1. Are you Certified as a Drug Free Work Place? yes no
2. Do you sub-contract work? yes no
At what percentage? _____ %
3. Any work sublet without certificate of insurance? yes no
4. Do you have a return to work/modified duty program in place to expedite the return of injured workers to the job after an injury? yes no
5. Is a written safety/accident program in operation? yes no
6. Does your safety and accident prevention practices include:
Accident investigation plan yes no
Active safety committee yes no
7. Do any employees predominantly work at home? yes no
If so, how many employees? ____
8. Any employees under 16 years of age or over 60 years of age? yes no
9. Are MVR's reviewed on employees that drive during the course of business? yes no
10. Are employees required to work 15 feet above the ground to perform their jobs? yes no
11. Any seasonal employees? yes no
12. Is there any volunteer or donated labor? yes no
13. To conduct business, do employees travel out of the country? yes no
14. Any tax liens or bankruptcy with in the last 5 years? yes no
15. Are you engaged in any other type of business? yes no
16. Any prior coverage declined/cancelled/non renewed within last 3 years? yes no
17. Are employee health plans provided? yes no
18. Maximum weight lifted by employees:
Pre-Press _____ lbs Pressroom _____ lbs Post-press/bindery/shipping _____ lbs
19. Are employees required to wear back braces?
Pre-Press yes no Pressroom yes no Post-press/bindery/shipping yes no
20. Check how materials (raw or finished) are moved:

Warehouse	Press Room	Post Press:
Manually	Manually	Manually
Conveyor	Conveyor	Conveyor
Hand truck	Hand truck	Hand truck
Fork lift	Fork lift	Fork lift
Other powered device	Other powered device	Other powered device
21. Number of employees in:
_____ Pre-Press _____ Pressroom _____ Post-press/bindery shipping