

WORKERS COMPENSATION Quote Request

Firm Name: _____

Contact: _____

Address: _____

Type of Business (i.e. sole proprietor, partnership etc): _____

Phone: (____)_____ Fax: (____)_____

Email: _____

Gross Annual Payroll: _____

Federal Employer ID: _____

Number of Full-time employees: _____ Number of Part-time Employees: _____

Number of Owners, Officers, etc: _____ Are they participating in Coverage? Yes No

**Note: If owners, partners or officers wish to participate, please contact me for the latest maximum benefits the state of North Carolina allows.*

Any claims in past 3 years? Yes No

If yes, please attach brief description, including dates and amount of claims.

Requested Effective Date: _____

Current Insurance Company: _____ Current Premium: _____

QUESTIONS? Contact Kelly Gold at 1-800-662-8843

Return form to Kelly by email at Kelly@LawyersMutualNC.com