

REQUEST FOR WORKERS' COMPENSATION QUOTE

Applicant:

Address:

City: _____ State: _____ Zip: _____

Contact Person & e-mail:

Phone #: _____ Fax #: _____ Type of Business: _____

Present Insurance Carrier: _____ Current Expiration Date: _____

Experience Modifier (if known): _____ Federal ID #: _____

Unemployment Compensation #: _____ Please Attach **NCCI Worksheet**

PAYROLL DATA BY EMPLOYEE CLASSIFICATION:

Employee Classification	Employee Classification Code	Number of Employees	Estimated Annual Payroll
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

If available, please provide a copy of your current Declaration Page.

Send completed form to: Wray Smith, J.D.
Senior Vice President, Underwriting
(334) 271-5515 Ext. 4116
(334) 270-8314 fax
WSmith@HWCF.net
P.O. Box 240429
Montgomery, AL 36124-0429