Siskiyou Insurance Services, Inc.
P.O. Box 491600 857 Mistletoe Lane Redding, CA 96049-1600
TOLL FREE(800) 773-2345 | PH.(530) 224-2345 | FAX (530) 224-2346

Curtis Byron - cbyron@siskiyouinsurance.com

WORKERS COMP QUOTE REQUEST FORM

Business Legal Name:

DBA: Years in business:

Address: City: Zip:

Contact Person: F.E.I.N. -

Phone # Fax # Expiration Date:

Nature of Business:

Name of Partners or Officers (Required if a Partnership or Corporation) Exclude from Coverage?

Pres: % of Ownership Y/N:

V.P.: % of Ownership Y/N:

Sec.: % of Ownership Y/N:

Treas: % of Ownership Y/N:

Health Ins. Provided: Health Ins. Carrier % Paid by Employer

Paid Vacation: Paid Sick Leave: Average Hourly Wage

Please complete the information below, indicate the estimated annual payroll by class code that you expect to pay during the next policy year. Please estimate payroll accurately as possible to insure correct pricing.

Class Code: Annual Payroll: # F/T ee's # P/T ee's

Class Code: Annual Payroll: # F/T ee's # P/T ee's

Class Code: Annual Payroll: # F/T ee's # P/T ee's

Worker's Comp Coverage History

Policy Year:	Insurance Company & Policy #	Payroll	Premium
Current:			
2nd yr			
3rd yr			
4th yr			

Please Note: *3 years of "loss runs" from your prior carriers are necessary to market your account and will in no way effect the coverage you currently have in place.*

Preferred Agent? Any

Submit Form