

Eidyia Insurance Services

7828 Vance Dr #107, Arvada, CO 80003 Phone: 877-455-0680 Fax: 630-455-0310

Workers' Compensation Questionnaire

1. Please advise what payroll classifications appear on your current policy and provide payroll information (EXCLUDE ACTIVE OWNERS) – Please note state which coverage applies:

<u>CLASSIFICATION CODE #/State:</u>	<u>PAYROLL Next 12 Mos.</u>	<u>PAYROLL Last 12 Mos.</u>
# _____	\$ _____	\$ _____
# _____	\$ _____	\$ _____
# _____	\$ _____	\$ _____
# _____	\$ _____	\$ _____
# _____	\$ _____	\$ _____

2. Please identify the owners and officers of your company by title and percentage of ownership:

3. Please identify those owner who wish to be excluded from Workers' Compensation coverage:

4. Please identify your Workers' Compensation insurer for the past five years and policy number:

20 _____	Insurer: _____	Policy #: _____
20 _____	Insurer: _____	Policy #: _____
19 _____	Insurer: _____	Policy #: _____
19 _____	Insurer: _____	Policy #: _____
19 _____	Insurer: _____	Policy #: _____

5. Have you ever had a loss? Yes No

6. Do you presently have an employee health insurance plan? Yes No

If Yes, please identify insurer: _____

7. Please list all states where you have resident employees below. Do you have any employees which travel outside of the Country on business?

Yes No

8. Any over the water exposure or USL&H needed: Yes No

Please attach the following:

- Four years formal insurance reports or a detailed letter confirming loss history and agreeing to obtain these reports as soon as possible.
- A photocopy of information from your current insurer which identifies your current experience modification.
- A copy of your Health and Safety Plan.