



1600 Dove St., Suite 333  
 Newport Beach, CA 92660  
 Attn: Denise Zamora  
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PRODUCTION CODE: **76250894**

Complete name of your business AND legal entity (LLC, CORP, etc.)

Mailing Address:	Physical location of your business:
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Phone:	Fax:	Email
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Federal ID number (FEIN)	In what year was the business established?	If less than 3 years, how many years of experience do you have in this industry?
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Tell me about your operation, including services offered, hours of operation, etc. - or a website address if you have one. Please provide a detailed description of employees' job duties:

How many full-time employees?	How many part-time?	Do owners wish to be included for worker's compensation coverage:  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, annual payroll estimate for owners:  \$ <input style="width:100px" type="text"/>
Please estimate your annual payroll excluding owners:\$ <input style="width:150px" type="text"/>		
Have you had any claims in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe claims and, if you know, how much the carrier paid for each:		

Do you own 50% or more of any other business?  Yes  No

Do you lease employees?  Yes  No If yes, How many?

Do any employees travel outside of the United States?  Yes  No

Do you have any volunteer or unpaid employees?  Yes  No If yes, how many?

Describe any measures you take to prevent accidents?

Do you have workers' comp. insurance now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, current insurance carrier	and expiration date
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Please list the names of the owners/officers of the company