

Guarino Insurance Agency

Workers Compensation Quote Request Form

Mike Guarino & Beth Weber-Guarino

2021 The Alameda #200, San Jose, CA 95126

tel. 408-248-0909; fax 408-248-6119; CA License #0761333/0D74354

Please write clearly and fax, mail or email to our office when completed. Thank you.

Date Completed \_\_\_\_\_

Company Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

License # A, B, C (if applicable): \_\_\_\_\_ Years in business: \_\_\_\_\_.

State Tax ID #: \_\_\_\_\_ FEIN : \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Payroll for next 12 months (policy term): \_\_\_\_\_

Payroll for last 12 months (policy term): \_\_\_\_\_

Number of employees: \_\_\_\_\_ (total) How many are part time: \_\_\_\_\_

<u>Class code</u>	<u>Annual payroll</u>	<u>Class code</u>	<u>Annual payroll</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Owners/Officers</u>	<u>% owned</u>	<u>Title</u>	<u>Include/Exclude</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach 5 years loss runs for maximum discounts.

NOTE- If owner/s is/are to be EXCLUDED, do not include in annual payroll.