

**Guarino Insurance Agency**  
**Workers Compensation Questionnaire**  
**Mike Guarino & Beth Weber-Guarino**

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

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

Db a if applicable: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_ Type of Entity (LLC, Corp, etc): \_\_\_\_\_

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

Brief description of Operations: \_\_\_\_\_

License # (if applicable) \_\_\_\_\_ Date Business Started (mm/yr): \_\_\_\_\_

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

If no FEIN, we need the owner's SS# \_\_\_\_\_

Current Insurance Carrier (if no prior, please put none): \_\_\_\_\_

Has this business had worker's compensation coverage in the past 5 years but not now? \_\_\_\_\_

If yes, what month/year did it end? \_\_\_\_\_

Current Policy Renewal Date: \_\_\_\_\_ Any claims\* in the past 5 yrs? \_\_\_\_\_

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

Hours of operation: \_\_\_\_\_ Subcontractors used? \_\_\_\_\_ If yes, % of work subcontracted \_\_\_\_\_

Work safety program in place? \_\_\_\_\_ How often are safety meetings held? \_\_\_\_\_

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

Does the business lease employees *from* others? \_\_\_\_\_ Does the business lease employees *to* others? \_\_\_\_\_

Class code\*\* \_\_\_\_\_ Annual payroll \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>Owners/Officers Name</u>	<u>% owned</u>	<u>Title</u>	<u>DOB</u>	<u>Include or Exclude</u>	<u>Payroll</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\* If the business has had a claim(s) in the past 5 years, Loss Runs (aka Claims Experience) will be required to quote. If there are no claims, we do not need loss runs for quoting, but will be required to bind coverage. You can get these reports from your previous insurance company(s).

\*\* If you do not know the class code, describe the work performed

NOTE- If owner/s is/are to be EXCLUDED from worker's compensation coverage, do not include in 12 month payroll estimate, but do supply their annual pay as some carriers want this information.