

**BECKMAN INSURANCE AGENCY  
WORKERS COMPENSATION INFORMATION**

Name of Business: \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Federal Employer ID # \_\_\_\_\_

Entity: (Circle One) Individual / Partnership / Corporation / Subchapter "S" Corp. / Other: \_\_\_\_\_

<u>Classifications</u>	<u>Estimated Payrolls for Current Year</u>
_____ 9180 – Amusement Device Operators NOC	\$ _____
_____ 8810 – Clerical Office NOC	\$ _____
_____ 9016 - Amusement Park Operation or Drivers	\$ _____
_____ 9058 - Restaurant	\$ _____
_____ Other (Please List)	\$ _____

WC Loss Experience from last 3 years and copy of loss runs, if available (Very Important)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Experience Modification Factor (If applicable) \_\_\_\_\_

Is your current policy in the State Assigned Risk Pool? \_\_\_\_\_

Any Partners/ Officers excluded from coverage? \_\_\_\_\_ If so, list:

\_\_\_\_\_

\_\_\_\_\_

Additional Information

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach a copy of your current policy declarations page along with 3 year loss runs from the current carrier.

SIGNATURE: \_\_\_\_\_