

Cailor Fleming, a division of World Ins.

(330) 782-8068

4610 Market Street

PO Box 3989

Youngstown, Ohio 44513

FAX: (330) 782-0458

Visit us at www.cailorfleming.com

Workers Comp. Questionnaire

Company Name (Include DBA's): _____

Individual Partnership Corporation Other

Federal ID #: _____

Company Address: _____

Telephone: ____ (____) _____ **Fax:** ____ (____) _____

Email: _____

Number of Employees: _____ **Years in Business:** _____

**Practitioner/Tech/Lab work
Payrolls**

**Annual Clerical
Payrolls**

**Practitioner Payroll
(no lab work)**

\$

\$

\$

Please list the name of your Officers, their titles, payrolls, job description, and whether they should be excluded from coverage. (Use additional sheet if necessary)

Name: _____ **Title:** _____ **Annual Payroll \$** _____

Job Description: _____ **Exclude:** Yes No

Name: _____ **Title:** _____ **Annual Payroll \$** _____

Job Description: _____ **Exclude:** Yes No

Previous Carrier: _____

Expiration Date: _____ **Premium: \$** _____

Has Coverage Ever Been Cancelled or Declined? Yes No

Any Losses For The Past Three Years? Yes No

(If yes, please attach loss runs)

Comments: _____

Any person who knowingly and with the intent to defraud any insurance company or another person files and an application containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties.

Signature: _____ **Date:** _____

Print Name: _____