

California Professional Insurance Services

14742 Plaza Drive, Suite 201

Tustin, CA 92780

Phone: 800-633-8884 Fax: 714-669-9230 License: 0773823

E-Mail: info@calproinsurance.com

WORKERS' COMPENSATION QUOTE REQUEST

PHYSICIAN OR ENTITY NAME: _____

CONTACT: _____ PHYSICIAN'S SPECIALTY _____

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: (____) _____ FAX # (____) _____

E-MAIL ADDRESS: _____

ADDITIONAL LOCATION: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: (____) _____ FAX # (____) _____

RATING INFORMATION

BUSINESS TYPE: SOLE PROPRIETOR PARTNERSHIP CORPORATION

NUMBER OF YEARS IN BUSINESS: _____ FEDERAL EMPLOYER I.D. #: _____

PROPOSED EFFECTIVE DATE OF COVERAGE: ____/____/____

CURRENT WORKERS' COMPENSATION INSURER: _____

ANY CLAIMS - LAST 3 YEARS? YES NO

ESTIMATED ANNUAL GROSS PAYROLL: \$ _____ NUMBER OF EE's: F/T ____ P/T ____

(Sole Proprietors/Corporate Officers & Partners can be excluded from benefits. Do not include the payroll for those electing to be excluded.)

Please fax this form to (714) 669-9230