Metro Insurance Services - Lic OB95215
17421 Irvine Blvd. • Tustin, CA 92780
p. 800.640.4430 • f. 714.573.7202

Metro INSURANCE SERVICES

Work Comp Quote Sheet

Basic Information

Company: _____ **Contact Name:** _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Check one: ☐ Individual ☐ Corporation ☐ LLC ☐ Partnership ☐ Joint Venture

Business Details

Year Business Started: _____ # Years Owner Experience: _____

Business Description: _____

Website: _____ **FEIN or SSN:** _____

Are you a contractor? ☐ Yes ☐ No If yes: License Type: _____ License #: _____

Total # of employees: _____ Estimated Annual Gross Sales: $ _____ Subcontract/10-99: $ _____

Rating Info

Class Code	Categories	#FT (Full-Time Employees)	#PT (Part-time employees)	Estimated Payroll

Previous Insurance / Carriers

Are you currently insured? ☐ **Yes** ☐ **No**

Current Policy Expiration Date: _____ Any losses in the past 5 years? ☐ Yes ☐ No

2011 Name: _____ **Policy #:** _____ **Eff-Exp Date:** _____
2010 Name: _____ **Policy #:** _____ **Eff-Exp Date:** _____
2009 Name: _____ **Policy #:** _____ **Eff-Exp Date:** _____

I hereby give permission and authorize Metro Insurance Services to obtain our hard copy loss runs directly from the above listed carriers. I also certify that all information on this application is correct to the best of my knowledge.
You may email us, or otherwise you can fax this and any loss runs to (714) 573-7202.

_____
Signature Date

Please check if "yes":

- ☐ Any past claims over $25,000?
- ☐ Has there ever been employees working without worker comp coverage in the past 4 years?
- ☐ Harassment or wrongful discharge?
- ☐ Acts of violence against any employee(s)?
- ☐ Do you work with hazardous material?
- ☐ Perform work underground or above 15 feet?
- ☐ Do you use subcontractors?
- ☐ Health plans provided to employees?
- ☐ Any labor volunteered or donated?
- ☐ Engaged in any other types of business?