

HALL & COMPANY

Professional Liability Insurance Brokers

Workers Compensation Quote Request

Firm Name _____ Years in Business _____
 Contact Person _____ E-Mail _____
 Mailing Address _____ Federal ID # _____
 City _____ State _____ Zip Code _____
 Phone Number _____ Fax Number _____
 Type of Firm _____ Current Policy Period _____ Current Carrier _____

Firm address, if different than mailing address above.

Statutory Employers Liability

Per Accident	Policy Limit Disease	Each Employee Disease
_____	_____	_____

Projected Payroll and Number of Employees

	Projected Payroll	Number of Employees
8810 Clerical		
8810 Claim Administration		
8742 Insurance Adjusters / Appraisers / Inspectors		
Others _____ Please explain duties below		

Experience Modification Rate: _____

Partners, Officers & Individuals to be excluded:

Name	Title	% of Ownership	Duties	Payroll

If additional space is needed, please attach the information when you submit this form.

1. Nature of Business/Description of Operation.

2. Do you own, operate or lease aircraft/watercraft? If yes, please explain.

Yes No

3. Does your operation involve storing, treating, discarding, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc) If yes, please explain. Yes No
4. Any work performed underground or above 15 feet? If yes, please explain. Yes No
5. Any work performed on barges, vessels, docks and bridges over water? If yes, please explain. Yes No
6. Any work sublet without certificate of insurance? If yes, please explain. Yes No
7. Are Sub-Contractors used? If yes, please explain. Yes No
8. Any employees under 16 or over 60 years of age? If yes, please explain. Yes No
9. Any part time or seasonal employees? If yes, please explain. Yes No
10. Is there any volunteer or donated labor? If yes, please explain. Yes No
11. Are there any employees with physical handicaps? If yes, please explain. Yes No
12. Are athletic teams sponsored? If yes, please explain. Yes No

13. Does any employee travel out of state? If yes, please explain. Yes No

14. Does any employee travel out of country? If yes, please explain. Yes No

15. Any prior coverage declined/cancelled/non-renewed in the last three years? If yes, please explain. Yes No

16. Is an employee health plan provided? If yes, list the provider. Yes No

17. Do any employees predominantly work at home? If yes, please explain. Yes No

18. Please list the Firm's loss history for the past three years. Yes No

Applicant understands the information submitted herein becomes part of the application for Professional Liability Insurance and is subject to the same representations and conditions.

Name _____ Date _____

Title _____

Applicant's Signature _____

To submit the application follow the instructions in the order listed below.

1. Save a copy of the completed application to your computer for your records.
2. Print, sign and mail or fax a copy of the completed application to Hall & Company at the address below. (A signed application is needed to complete underwriting.)
3. Submit completed application to Hall & Company.
Alternatively you can fax the application to (360) 697-3744 or mail to the address below.

When you press the Submit button an e-mail window will open with the application attached. Please attach to this e-mail any additional information, if needed.

If you use a web based e-mail program, such as Hotmail or Yahoo, please save the completed application to your computer and e-mail it along with any additional information to submittals@hallco.net.

**Michael J Hall & Company 19660 10th Ave. NE Poulsbo, WA 98370
Ph: (360) 598-3700 Fax: (360) 697-3744 Website: www.hallco.net**