

WORKERS' COMPENSATION QUESTIONNAIRE



services inc.
FLORIDA DENTAL ASSOCIATIONSM

Legal Business Name:

Property Address:

Mailing Address:

Contact Phone: E-mail:

Legal Entity: Individual Corporation Partnership LLC Other

Years of experience: Years in business: Is this a new venture?

Federal ID Number

Requested Effective Date: Are Officers/ Owners to be Included or Excluded?

How many total employees do you have? How many are part-time?

What is gross salary for **all** employees, excluding officers? What is gross salary for Officers?

List names of all officers/ owners:

Name of Current Insurance Carrier: Any claims? If so, please fax a copy of your loss report to 850-681-9782

Are health benefits provide? Out of state travel ? Do employees dispose of hazardous material?

Please call us at 800.877.7597 if you have any questions or need help completing this form.

FDA Services, Inc. 1113 E. Tennessee Street, Suite 200, Tallahassee, FL 32308 E-mail: insurance@fdaservices.com

The data collected on this form is for information purposes only in order for us to provide you a quote. No coverage is in force until a policy is issued.