

Field Gibson

License No. OE02096

DiBuduo DeFendis
INSURANCE BROKERS, LLC

Workers Compensation Information Sheet

Insured Legal Name: _____ Date: _____

Insured DBA: _____ FEIN: _____

Sole Proprietor [] Partnership [] Corporation [] "S" Corporation [] LLC [] Yrs in Business _____

Contact Person: _____ Email: _____

Office Phone: _____ Cell Phone _____

Mailing Address: _____ City _____ State _____ Zip Code _____

Physical Location _____ City _____ State _____ Zip Code _____

Put Additional locations on Back

Class Codes	Description	Annual Payroll	# of Full Time	# of Part Time

Operation/Nature of Business: _____

of Locations: _____ Hours of Operation: _____ Driving Exposure: [] Yes or [] No

of Drivers: _____ Frequency of Driving: [] Daily [] Weekly [] Other : _____

Max Radius: [] <50 miles [] 51-100 miles [] 101-200 miles [] >200 miles

Policy Effective date: _____ Waiver of Subrogation Needed? Yes [] No []

PRIOR CARRIER INFORMATION / LOSS HISTORY				
YEAR	CARRIER	POLICY NUMBER	ANNUAL PREMIUM	# CLAIMS

Do you have a current (Dated within past 90 days) copy of your loss runs [] Yes or [] No

Do you want us to help order them for you? [] or [...] No

INDIVIDUALS INCLUDED / EXCLUDED				
Name	Title / Relationship	Ownership %	Duties	INC or EXC