

To receive a **Guaranteed Price Quote**,  
complete the checklist below and fax to **866.329.7284**.



- Completed and signed Guaranteed Price Quote form.
- Detailed narrative on your company's letterhead stating the nature of business and safety measures in place.
- Bio or resume of business owner(s) (if in business less than 3 years)
- Workers' Compensation policy information page or most recent premium billing statement, or if with a PEO, current report showing payroll by class code.
- Three full policy years loss runs, including current policy year, valued within the last 60 days.
- For losses in excess of \$25,000, please provide a signed Limited Broker of Record letter and complete a large loss form for each claim.
- If Client is currently uninsured and has not incurred a claim, complete ACORD form 37 Statement of No Loss.



# Application for Guaranteed Price Quote

**Person Interviewed:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **DBA:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing/Other Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**FEIN:** \_\_\_\_\_ **In Business Since (YYYY):** \_\_\_\_\_ **SIC Code:** \_\_\_\_\_

Any other entities use this FEIN?  YES  NO If YES, Company Name: \_\_\_\_\_

Entity Type:  Corporation  LLC  Sole Proprietorship  Partnership

**Pay Frequency:** \_\_\_\_\_ **Hours of Operation:** \_\_\_\_\_

**Nature of Business:** \_\_\_\_\_

Are you currently using an outside payroll service?  YES  NO

## Owner Information:

**Owner Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Ownership %:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Duties:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Ownership %:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Duties:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Ownership %:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Duties:** \_\_\_\_\_

**Note:** For any new company or a company without prior WC coverage owner's Bio must be provided. New company is defined as any company less than three years old.

### For Internal Use Only

**Producer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Workers' Compensation Loss History *(Please attach Carrier Loss Runs for the last three years)*

Carrier: \_\_\_\_\_ Period Begin: \_\_\_\_\_ End: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Mod: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Number of Claims: \_\_\_\_\_ Claim Paid: \$ \_\_\_\_\_ Claims Reserve: \$ \_\_\_\_\_

Carrier: \_\_\_\_\_ Period Begin: \_\_\_\_\_ End: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Mod: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Number of Claims: \_\_\_\_\_ Claim Paid: \$ \_\_\_\_\_ Claims Reserve: \$ \_\_\_\_\_

Carrier: \_\_\_\_\_ Period Begin: \_\_\_\_\_ End: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Mod: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Number of Claims: \_\_\_\_\_ Claim Paid: \$ \_\_\_\_\_ Claims Reserve: \$ \_\_\_\_\_

Has the company had any single claim with an incurred loss in excess of \$25,000.00 in the last three years?  Yes  No

## Estimated Annual Payroll by State:

State	# FT Employees ( > 30 hours per week)	# PT Employees ( < 30 hours per week)	Gross Payroll

## State Unemployment

State	SUTA Rate	SUTA Account #

## IT Information

What is the current accounting/HR software being used? \_\_\_\_\_

What time card gathering method is in place? \_\_\_\_\_

## General Questions:

#	<input type="checkbox"/> Yes <input type="checkbox"/> No	
101	<input type="checkbox"/> <input type="checkbox"/>	Is the company a subsidiary of another entity or have any subsidiaries? If Yes, please list name of Parent Company and or Subsidiaries:
102	<input type="checkbox"/> <input type="checkbox"/>	Is there exposure to flammables, explosives, or chemicals? If yes, describe protection and preventative measures used:
103	_____ %	What percentage of the Company's revenue, past or present, is involved with Owner Controlled Insurance Programs (OCIPs)?
104	<input type="checkbox"/> <input type="checkbox"/>	Has the Company ever had an employee, present or terminated, file a charge of discrimination, a wage and hour claim, or any other complaint against the company with a government agency? If Yes, explain:
105	<input type="checkbox"/> <input type="checkbox"/>	Does the Company have any employees covered under a collective bargaining agreement or are any current union organizing activities underway? If Yes, explain:
106	<input type="checkbox"/> <input type="checkbox"/>	Does the Company pay overtime (time and a half) for non-exempt employees who work more than 40 hours per week?
107	_____	What is the average length of employment, in months?
108	_____ %	What is the percentage of turnover in the company's workforce each year?
109	_____	How many of the company's employees are supervisors?

## Workers' Compensation

#	<input type="checkbox"/> Yes <input type="checkbox"/> No	
201	<input type="checkbox"/> <input type="checkbox"/>	Does the company own, operate or lease aircraft/watercraft? If Yes, describe them:
202	<input type="checkbox"/> <input type="checkbox"/>	Has the company's past, present or discontinued operations included storing, treating, discharging, applying, disposing or transporting hazardous material/waste? (e.g. landfills, fuel tanks, etc.) If Yes, explain:
203	_____ %	What percent of the company's work is performed underground? Describe situations:
204	_____	What is the maximum depth of the company's work that is done underground? (in feet)
205	_____ %	What percent of the company's work is performed above 15 feet? Describe situations:
206	_____	What is the maximum height of the company's work that is done above 15 feet? (in feet)

## Workers' Compensation (cont'd)

#	<input type="checkbox"/> Yes <input type="checkbox"/> No	
207	<input type="checkbox"/> <input type="checkbox"/>	Any work performed on barges, vessels, docks, bridge over water? If Yes, explain:
208	<input type="checkbox"/> <input type="checkbox"/>	Are you engaged in any other type of business? If Yes, explain:
209	_____ %	What percentage of work is done by subcontractors?
210	_____	What is the average number of subcontractors used by the company?
211	<input type="checkbox"/> N/A	Describe work performed by subcontractors used by the company?
212	<input type="checkbox"/> <input type="checkbox"/>	Is any work for the company sublet without certificates of insurance? If Yes, explain:
213	_____	How many of the company's subcontractors work without documented workers' compensation coverage?
214	<input type="checkbox"/> <input type="checkbox"/>	Are any of the company's subcontractors on exemption forms? If Yes, describe work performed:
215	<input type="checkbox"/> <input type="checkbox"/>	Does the company enforce a written safety program? If Yes, explain:
216	<input type="checkbox"/> <input type="checkbox"/>	Does the company provide group transportation? If Yes, explain:
217	_____	How many of the company's employees are under the age of 16?
218	_____	How many of the company's employees are over the age of 60?
219	_____ %	What percentage of the company's employees are employed as seasonal workers?
220	_____ %	What percentage of the company's employees migrant workers?
221	<input type="checkbox"/> <input type="checkbox"/>	Does the company use any volunteer or donated labor? If Yes, explain in what capacity:
222	<input type="checkbox"/> <input type="checkbox"/>	Does the company have any employees with physical handicaps? If Yes, explain:
223	<input type="checkbox"/> <input type="checkbox"/>	Does the company offer an employee health plan? If Yes, explain:
224	_____	How many vehicles are owned by the company?
225	<input type="checkbox"/> N/A	What types of vehicles are owned by the company?
226	_____ %	What percentage of the company's employees work off its premises?
227	<input type="checkbox"/> <input type="checkbox"/>	Do the company's employees travel out of state? If Yes, on average, how far and how long?
228	<input type="checkbox"/> <input type="checkbox"/>	Do the company's employees travel out of the country? If Yes, what countries, and how long?
229	_____ %	What percentage of annual work time do the company employees use their own vehicles for work purposes?

## Workers' Compensation (cont'd)

#	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
230	<input type="checkbox"/>	<input type="checkbox"/>	Does the company check Motor Vehicle Records (MVRs) for new employees who may drive?
231	<input type="checkbox"/>	<input type="checkbox"/>	Does the company currently enforce a drug and alcohol policy?
232	<input type="checkbox"/>	<input type="checkbox"/>	Does the company have a post-accident, drug-testing program?
233	<input type="checkbox"/>	<input type="checkbox"/>	Does the company sponsor an athletic team in which employees participate?
234	<input type="checkbox"/>	<input type="checkbox"/>	Is any work for the company sublet without certificates of insurance?
235	<input type="checkbox"/>	<input type="checkbox"/>	Does the company have any other insurance with this insurer?
236	<input type="checkbox"/>	<input type="checkbox"/>	Is the company involved with any labor interchange with any other business /subsidiary? If Yes, describe:
237	<input type="checkbox"/>	<input type="checkbox"/>	Do any of the company's employees predominantly work from home? If Yes, explain:
238	<input type="checkbox"/>	<input type="checkbox"/>	Has the company had any tax liens or filed bankruptcy within the last five years? Describe status:
239	<input type="checkbox"/>	<input type="checkbox"/>	Any undisputed and unpaid Workers' Compensation premium due from you or any commonly managed or owned enterprises?  Date of Action: _____ Action: (check one) <input type="checkbox"/> Covered <input type="checkbox"/> Declined <input type="checkbox"/> Non-Renewed <input type="checkbox"/> Cancelled Policy Number: _____ Insurer/Carrier: _____ Policy Holder: _____ Describe Issue: _____ _____

## Insurance Information Authorization and Marketing Agent Appointment

All information provided to VENSURE will be considered confidential proprietary information and will not be communicated to anyone outside the company or the company's Workers' Compensation insurance carrier. The undersigned attests that all information provided in this application is true and correct to the best of their knowledge.

I hereby authorize \_\_\_\_\_ as the only representative permitted to provide Vensure with this request and to collect and submit any additional information required by Vensure to obtain a quote for services.

Company: \_\_\_\_\_

FEIN: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

