



Workers Compensation Application

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Agent ID#: _____ Branch ID#: _____

Name of Applicant: _____ dba: _____

Address _____

Phone: _____ Email: _____

Entity: Corp LLC Individual Partnership Non-Profit Other _____

FED ID # / SSN# _____ Years in Business: _____

Prior Work Comp? (Y or N if yes company: _____

Policy#: _____ # of Claims: _____ and Amount: \$ _____

Business Description _____

# of Employees	Annual Payroll	Full Time/Part Time
		/

Name of Owners/Officers: _____

Birth Date: _____ Included Excluded Title: _____

Name of Owners/Officers: _____

Birth Date: _____ Included Excluded Title: _____

Notes or Comments: