



ALEXANDER EDDY
INSURANCE AND
FINANCIAL SERVICES

AEIFS, Inc. 3699 Wilshire Blvd., Suite 510, Los Angeles, CA 90010
Telephone 213.637.1870 • Facsimile 213.637.1873 • www.aeifs.com • CA License N° 0E16970

INSURANCE • FINANCIAL SERVICES • EMPLOYEE BENEFITS • RISK MANAGEMENT

BASIC INFORMATION FOR WORKERS COMP QUOTATION
(Please complete and return by fax or U.S. Mail or email: info@aeddy.com)

Date: _____

Company Name: _____

DBA: _____

TEL () _____ - _____ (W)
() _____ - _____ (Mobile)

FAX () _____ - _____

1. Individual _____ Partnership _____ Corporation Type _____ Other _____

2. Mailing Address: _____

3. Location No. - _____

Location 1: (if more than one location please copy this form and complete for each location).

INSURED SECTION:

1. Federal Employer ID Number (FEIN) : _____

2. Years in Business: _____ Years at the present location: _____

3. Nature of Operation: _____

EMPLOYEE CLASSIFICATION & JOB DESCRIPTION:

Employee Job Description*	Number of Employee(s)		Estimated Annual Payroll
	Full Time	Part time	

* Examples: Clerical, Sewing, Knitting, Embroidery, Retail, Wholesaler, etc.





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OWNERS / PARTNERS / MEMBERS / SHAREHOLDER OFFICERS :

NAME	TITLE	Ownership %	Include in W/C Insurance	
			Yes	No
		%	Yes	No
		%	Yes	No
		%	Yes	No
		%	Yes	No
		%	Yes	No

PRIOR INSURANCE:

1. Current Insurance Co.: _____ Exp. Date: ____/____/____
2. Current Annual Premium: \$ _____ Ex-Mod Rate _____
3. Number of Losses in the last 5 years: _____
4. Insurance History last 5 years:

Policy Period		Name of Insurer	Policy No.	Expired Premium
Inception	Expiration			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

_____/_____/_____
Date

Insured's Signature

