



ALEXANDER EDDY  
INSURANCE AND  
FINANCIAL SERVICES

AEIFS, Inc. 3699 Wilshire Blvd., Suite 1295, 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@aeady.com)**

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

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

Dbas: \_\_\_\_\_

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: \_\_\_\_\_ yrs. Years in the Location: \_\_\_\_\_ yrs.

3. Nature of Operation: Loc. \_\_\_\_\_

**EMPLOYEE CLASSIFICATION & JOB DESCRIPTION:**

Employees' 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 and 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: \$ \_\_\_\_\_ Any Ex-Mod Rate? \_\_\_\_\_
3. Any Loss(es) for last 5 year: \_\_\_\_\_
4. Prior Insurance History for past 5 year:

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured's Signature

