

---

# WORKER'S COMPENSATION POLICY – FACT FINDER

The following information requested is strictly to find and determine the most comprehensive approach to your insurance needs, and overall strategy.

Please answer all to the best of your ability. If there is no answer, please write N/A or leave blank in the space provided.

Any questions or concerns: [broeder@monteleoneassociates.com](mailto:broeder@monteleoneassociates.com) or 631-544-4000

## Contact Information

Your Name

Phone Number

Email \*

## Current Policy Information

Kindly upload any existing policy information to equally compare coverages for new quotes.

Attach Your Existing Policy (If One Exists)



Click or drag a file to this area to upload.

## General Company Information

Company Name & DBA

**Year Business Founded:**

**Company Address**

**FEIN #**

**If More Than One Address/Location Exists Please List Here:**

**Owner(s) Information: Name(s), DOB(s) and If You Would Like To Include or Exclude Their Payroll  
(In NY Companies With Less Than 3 Owners, The Owners Can Be Excluded)**

**Complete Description Of Operations:**

# Employee Information (Exclude Owners Info If Owners Elect To Be Excluded)

Please List Out Per Location: ->Class Of Duties Description (Ex: Clerical, Driver, Carpenter etc.) ->The # Of Workers In Each Job Class (FT & PT Specified) ->Total Combined Payroll/Renumeration Per Job Class Ex: 555 Main Street, NY 12345, Clerical, 5 FT Employees, \$500,000 Combined Annual Pay

## Carrier Questions

Do the owners want to be included in this workers compensation quote? Note owners may be covered under their own health insurance.

Yes  No

Does applicant own, operate or lease aircraft/watercraft?

Yes  No

Past or present operations in handling hazardous materials?

Yes  No

Any Work performed underground or above 15 feet?

Yes  No

Any work performed on barges, vessels, docks, bridge over water?

Yes  No

Is applicant engaged in any other type of business?

Yes  No

Are sub-contractors used?

Yes  No

Any work sublet without certificates of insurance?

Yes  No

**Is a written safety program in operation?**

- Yes  No

**Any group transportation provided?**

- Yes  No

**Any employees under 16 or over 60 years of age?**

- Yes  No

**Any seasonal employees?**

- Yes  No

**Is there volunteer or donated labor?**

- Yes  No

**Are there any employees with physical handicaps?**

- Yes  No

**Do employees travel out of state?**

- Yes  No

**Are athletic teams sponsored?**

- Yes  No

**Are physicals required after offers of employment are made?**

- Yes  No

**Any prior coverage declined/cancelled/non-renewed in the last 3 years?**

- Yes  No

**Are employee health plans provided?**

- Yes  No

**Do any employees work for other businesses or subsidiaries?**

- Yes  No

**Do you lease employees to or from other employers?**

- Yes  No

**Do employees predominantly work at home?**

Yes    No

**Are there tax liens or bankruptcy within the last 5 years?**

Yes    No

**Are there any undisputed and unpaid workers compensation premiums due from you?**

Yes    No

**Questions/Notes/Comments**

Submit