



**WORKERS' COMPENSATION
QUICK QUOTER FAX**



To: Mitchell & Mitchell Insurance

Fax: 415-883-7752

Occupation: _____

From:

Name: _____

Address _____

Contact: _____

Phone: _____ **Fax:** _____

1. Type of Entity: Individual Partnership Corporation
2. Years in Business: _____
3. Federal Tax ID Number (FEIN): _____
4. Gross Ann. Employee Payroll (excl. officers/partners): _____
5. Current Workers' Compensation insurer: _____
6. Expiration Date: _____
7. Number of claims last 3 years: _____

If any, please give date and brief description, and amount paid if known.

Please fax the completed form to Mitchell & Mitchell Insurance

Fax (415) 883-7752