



Employment Information

Please list below all employees by job type and specify the number full time employees, part time employees, and estimated annual payroll paid to those persons.

Table with 4 columns: Job Type, # Full Time, # Part Time, Estimated Annual Payroll. Includes rows for data entry with dollar signs.

Please enter your Federal Tax ID Number (FEIN) below or Social Security number if not available

Federal Tax ID Number: _____

Do you provide health insurance for your employees? Yes No Health Ins. Company: _____

Individuals Included/Excluded

Please list below all owners, partners, officers, secretaries, treasurers etc. with date of birth, title, job performed, and whether you want to include or exclude the individual from worker's compensation coverage.

Table with 5 columns: Full Name, Date of Birth, Title, Job Type, Include or Exclude. Includes rows for data entry with Inc/Exc options.

Remarks

Additional remarks explaining any safety precautions or hiring practices implemented to prevent injury in the workplace:

I attest that this information is accurate and that all coverages desired have been included in this application.

(Signature of owner or principal) (Print name) (Title)