

Work Comp Quote

Date:			
Contact Name:			
Name of Business:			
Federal ID:			
Yrs In Business:			
Physical Address:			
City:	St: OK	Zip:	
Phone:	Fax:		
Email Address:			
Current Ins. Carrier:			
Expiration Date:			
Experience Modifier: **They will only have this if they have been in business 4 years	If over \$5000 in premium MUST have in order to get a quote. They can call NCCI @ 1.800.622.4123		
Class Code(s):	1.	2.	
	3.	4.	
Est. Annual Payroll: Each class code – what is the payroll??	1.	2.	
	3.	4.	
Any losses past 3 yrs:			
Description of Business:			

Need: Current work comp dec page, loss runs, last 4 quarters of your OES-3 (Oklahoma Unemployment report)