

The Hart Group – Request for Workers Compensation Quote
Customer Profile

Fax: 770.850.2159
workcomp@thehartgroup.com

Company Name: _____ Date: _____

Contact Name: _____ Contact email: _____

Client Data (attach separate listing of all additional locations)

Name:	Proposed Effective Date	
dba:	Fed Tax ID:	
Address:	# Employed:	
	NCCI ID:	
City State, Zip:	Years in Business:	
Key Contact:	Phone:	
Safety Contact:	Fax:	

Type of Business: Sole Prop. Partnership Corp. Non-Profit L.L.C. P.C. L.P

Description of Operations:

Workers Compensation History (please fill out as much information as possible)

Year	Carrier	Policy #	Premium	Mod	# Of Claims	Paid Losses	O/S Reserves

Employee Information (A separate payroll run may be provided. Please fill out as much information as possible)

NCCI Class Code	# Of EE's	Duties	Annual Payroll

