Business Insurance Quote Questionnaire — Workers' Compensation

Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

Contact Person

Coverages you want quoted

☐ Business Owners Policy (BOP) ☐ General Liability ☐ Commercial Property ☐ Commercial Auto ☑ Workers' Compensation
☐ Commercial Umbrella / Excess ☐ Professional Liability / E&O ☐ Inland Marine / Contractors Equipment ☐ Cyber Liability
☐ Surety & Bonds ☐ Church & Non-Profit

Your Name | **Your Title / Role** | **Preferred Office**

Email | **Phone** | **Cell / Other Phone**

Best Time to Reach You
Options: Morning · Midday · Afternoon · Any time

Contact for Inspections (if different)

About the Business

Legal Business Name | **DBA / Trade Name (if any)**

Type of Business Entity | **FEIN (optional)** | **Year Business Started**
Options: Sole proprietor / Individual · Partnership · LLC · Corporation · S Corporation · Non-profit / 501(c)(3) · Church / Religious organization · Joint venture · Trust / Estate · Other

Type of Business | **Owners' Years of Experience in This Industry** | **NAICS / SIC Code (if known)**
Options: Contractor / Trades · Retail / Store · Restaurant / Food service · Office / Professional services · Medical / Healthcare · Manufacturing · Wholesale / Distribution · Auto service / Repair / Dealer · Trucking / Transportation · Real estate / Landlord · Hotel / Hospitality · Church / Religious · Non-profit / Social services · Farm / Agriculture · Other

Business Phone | **Website**

Describe What Your Business Does

Addresses & Locations

Mailing Address

City | **State** | **ZIP**

Business locations

List every place you operate, store property, or have employees. Type "Same as mailing" if it is the same.

#	Street Address	City	State	ZIP	County	Own or Lease	What Is Done Here
1							
2							
3							
4							

Own or Lease: Own / Lease / Rent / Home-based

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Size of the Business

Estimated Annual Revenue (next 12 months)

Last Year's Revenue

Total Annual Payroll

Full-Time Employees

Part-Time Employees

Do you hire subcontractors or independent contractors? ☐ Yes ☐ No

Annual Cost of Subcontractors

Do You Collect Their Certificates of Insurance?

Options: Always · Sometimes · No

Is the business seasonal, or open only part of the year? ☐ Yes ☐ No — If yes, please explain

Current Insurance & Dates

Desired Effective Date

Current Policy Expiration

Current Insurance Company(s)

Current Total Annual Premium

Coverages You Have Now

Is this a new business, or has it gone without insurance? ☐ Yes ☐ No — If yes, please explain

Has any policy been cancelled, declined or non-renewed in the past 3 years? ☐ Yes ☐ No — If yes, please explain

Tip: attaching your current declarations pages at the end of this worksheet helps us compare coverages and get your quote back faster.

General Questions

Any bankruptcy, foreclosure, tax lien or judgment against the business or its owners in the past 5 years? ☐ Yes ☐ No — If yes, please explain

Do the owners have other businesses, subsidiaries or related companies? ☐ Yes ☐ No — If yes, please explain

Does the business store, use or haul hazardous materials (chemicals, fuel, explosives)? ☐ Yes ☐ No — If yes, please explain

Any operations, sales or employees outside of North Carolina? ☐ Yes ☐ No — If yes, please explain

Do you have a written safety program or safety meetings? ☐ Yes ☐ No

Has any owner or officer been convicted of arson, fraud or another insurance-related crime? ☐ Yes ☐ No — If yes, please explain

Claims & Loss History (past 5 years)

Any claims or losses in the past 5 years, on any type of business insurance? ☐ Yes ☐ No

#	Date	Type of Claim	What Happened	Amount Paid	Open / Closed
1					
2					
3					
4					

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Type of Claim: Property / General liability / Auto / Workers' comp / Professional / Cyber / Bond / Other • Open / Closed: Closed / Open

Loss runs (claims history reports from your current or prior insurance company) help underwriters review your account. You can attach them with this worksheet. If you don't have them, an agent can request them for you.

Loss runs attached?

Options: Yes · No · Will send later

Years of loss runs (e.g. 2021-2026)

Other Coverages You'd Like Quoted (optional)

Check any that interest you

☐ Employment Practices (EPLI) ☐ Directors & Officers (D&O) ☐ Crime / Employee Theft ☐ Liquor Liability ☐ Equipment Breakdown
☐ Builder's Risk ☐ Garage / Auto Dealers ☐ Flood ☐ Special Events ☐ Farm / Agribusiness ☐ Key Person Life
☐ Employee Benefits / Group Health

Workers' Compensation — Owners & Officers

Owners and officers can often choose to be covered (included) or not (excluded). Your agent will explain the rules in your state.

#	Name	Title	Ownership %	Duties	Annual Pay	Include or Exclude?
1						
2						
3						
4						

Include or Exclude?: Include / Exclude / Not sure

Workers' Compensation — Employees by Job

Group employees by the kind of work they do, for example: office / clerical, outside sales, installers, drivers.

#	State	Job Title & What They Do	Class Code (if known)	# Full-Time	# Part-Time	Estimated Annual Payroll
1						
2						
3						
4						
5						
6						

Workers' Compensation — Questions

States where your employees work

☐ NC ☐ SC ☐ GA ☐ TN ☐ WV ☐ Other

Experience Mod (if known)

Employer's Liability Limits

Options: $100,000 / $500,000 / $100,000 · $500,000 / $500,000 / $500,000 · $1,000,000 / $1,000,000 / $1,000,000 · Not sure

Any work over 15 feet high, underground, or over or near water?	☐ Yes	☐ No	If yes, please explain
Do employees travel out of state for work?	☐ Yes	☐ No	If yes, please explain
Do you use leased, temporary, seasonal or volunteer workers?	☐ Yes	☐ No	If yes, please explain

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Any employees under 16 or over 60?	☐ Yes	☐ No	If yes, please explain
Do you transport employees (for example, a crew in a company truck)?	☐ Yes	☐ No	If yes, please explain
Are employees exposed to toxic, radioactive or other hazardous materials?	☐ Yes	☐ No	If yes, please explain
Do you have a drug-free workplace or return-to-work program?	☐ Yes	☐ No	

Notes & Authorization

Additional Notes or Questions for Your Agent

Helpful to include: current declarations pages, loss runs (3–5 years), vehicle registrations, equipment list, and (for bonds) financial statements. Please do NOT include Social Security numbers, bank account numbers, or payment card numbers.

DISCLAIMER: This worksheet is for quotation purposes only and does not bind coverage. By signing, you authorize Maxwell B. Hamrick Insurance Agency, Inc. and the insurance companies it represents to obtain loss history, motor vehicle reports, and business credit or financial information as needed to prepare accurate quotes.

Signature (type full name) | **Title** | **Date**

Return completed form to state@mbhamrickins.com — or bring to Boiling Springs or Shelby — Questions? 1-800-993-3800