

**WORKERS COMP QUESTIONNAIRE**  
 Altamont Insurance Brokers  
 CA lic. 0C15034 NV 565713  
 4598 S. Tracy Blvd. Suite 120, Tracy, CA. 95377  
 209-835-6395 800-863-6395 fax 209-835-7395

Business name \_\_\_\_\_ Contact person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

If current insurance get info, best way is to get last report to carrier, if not then get copy of dec page, will need loss runs.

If no info on current or new then get the following.

FIN or Social # \_\_\_\_\_, Intity \_\_\_\_\_

Work being performed \_\_\_\_\_

Number of employees, full time \_\_\_\_\_ Part time \_\_\_\_\_

Payroll by class code and hourly rate, some class codes have an over \$19 @hr rate others may be \$23 @hr rate, find out first the hour rate for that class code then place appropriate payroll for that class code.

Class code	Payroll
_____	\$ _____
_____	\$ _____
_____	\$ _____

If corporation need names of officers, duties, remuneration, date of birth, etc.

Name	date of birth	title	% ownership	duties	Inc/Ecl.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If Included then include payroll (remuneration) for that officer

Prior insurance information

Company \_\_\_\_\_ Policy # \_\_\_\_\_