



# RLIPack® Workers Compensation Quote Information

Proposed Effective Date: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Entity Type:  Sole Proprietor  Partnership  Corporation  LLC/LLP  Other: \_\_\_\_\_

Current Carrier: \_\_\_\_\_

Audit Contact Name: \_\_\_\_\_

- Loss History:  No losses (Note: Have insured sign a statement of no losses if bound.)  
 5 year Loss runs attached. (Note: Five year loss history required to qualify for UPCIP.)  
 Quote subject to acceptable loss history.

Federal Employers ID Number: \_\_\_\_\_

NCCI Risk ID Number (If available): \_\_\_\_\_

Other Bureau ID or State Employer Registration Number (If available): \_\_\_\_\_

Experience Mod: \_\_\_\_\_

Does the applicant own, operate or lease aircraft?  Yes  No

### Employers Liability Limits

- \$100,000 Each Accident / \$500,000 Policy Limit Disease / \$100,000 Each Employee Disease  
 \$500,000 Each Accident / \$500,000 Policy Limit Disease / \$500,000 Each Employee Disease  
 \$1,000,000 Each Accident / \$1,000,000 Policy Limit Disease / \$1,000,000 Each Employee Disease

Expiration Date: \_\_\_\_\_

### Optional Coverages

- Waiver of Subrogation  Blanket  Specific  
 Voluntary Compensation  
 U.S.L. & H.  
 Other Coverage: \_\_\_\_\_

### Estimated Payrolls

Class Codes/Duties	# of Employees	Estimated Payroll

### Officer, Partners & Individuals To Be Included Or Excluded (If including, please add payroll to appropriate class code above.)

Name	Title	Class Code/Duties	Include Or Exclude	Ownership Percentage