

Business Owners' & Workers' Compensation Fact Sheet

Effective Date: _____

Company Name: _____

Mailing Address: _____

Office Address: _____

Phone # () _____ - _____

of Employees: Full Time _____ Part Time _____

Names of Corporate Officers: _____

Workers compensation coverage for corporate officers (circle one): Included or Excluded

Estimated Annual Payroll: \$ _____

Years in Business: _____

Construction of Building: ____ Frame ____ Joisted Masonry ____ Non-Combustible ____ Masonry Non-Combustible
____ Fire Resistive

Square footage of building: _____

Square footage occupied by you: _____

% of the building occupied by you: _____%

*If not 100%, please describe other occupants: _____

of stories in building _____

Year built _____ Year building updated _____

Year roof updated _____ Year electrical updated _____

Smoke detectors? Y / N Sprinkler? Y / N Fire alarm? Y / N

Annual Sales Receipts: \$ _____

Coverage (Check if desired) **Coverage Description** **Coverage Amount (\$)**

	Building coverage	\$
	Business personal property	\$
	Accounts receivable	\$
	Electronic data processing (EDP)	\$
	Deductible (\$250, 500, \$1,000, etc.)	\$
	Liability limits (\$1M/\$2M, \$2M/\$4M, etc.)	\$

6737 W. Washington Street
Suite 2360
West Allis, WI 53214



Phone: 414-277-0154 or 800-637-4676
Fax: 414-277-1124
Email: info@profinsprog.com
www.insuranceformembers.com