

FAIFA'S Workers' Compensation Quote Sheet

Southeastern Insurers, Inc. (352) 624-2401 or 800-225-2401 Agent: Vince Orlando (Ext. 205)

FAX (352) 624-3601 OR Email to vince@eager-1.com

BUSINESS NAME: _____

CONTACT NAME: _____ NO. YEARS EXPERIENCE: _____

MAILING ADDRESS: _____ NO. YEARS IN BUSINESS: _____

WORK PHONE: _____ CELL PHONE: _____

PROPERTY ADDRESS: _____

PRIOR COVERAGE: YES OR NO / PRIOR INSURANCE: _____

PRIOR POLICY #: _____ CARRIER PHONE #: _____

LOSSES WITHIN LAST 3 YEARS: _____ LOSS RUNS?: _____

PERSONAL INFORMATION FOR EACH OWNER/OFFICER:

FULL NAME: _____

DATE OF BIRTH: _____

SS#/TITLE: _____ % _____ %

FULL NAME: _____

DATE OF BIRTH: _____

SS#/TITLE: _____ % _____ %

BUSINESS INFORMATION:

TYPE OF BUSINESS: _____

LIABILITY AMOUNTS: _____ / _____ / _____ NUMBER OF EMPLOYEES: _____

PAYROLL: OWNERS/OFFICERS: _____

OUTSIDE SALES: _____

INSIDE SALES/CLERICAL: _____

OTHER: DESCR _____

UCT-6 ATTACHED? Y / N

ANY OTHER BUSINESSES

OWNED? Y / N

NOTES: