

Associa Worker's Compensation Questionnaire

Full Name of Association			
Physical Address (include Zip and County)			
Contact Name at Association			
Phone Number at Association	()		
Federal Employer ID Number/Tax ID Number			
Name of Management Office			
Year Business Established			
Legal Entity			
Estimated Annual Payroll by Class			
Class Code	Description of Duties	Annual Payroll	Number of Employees
9015	Condominium-All Employees engaged in care, custody and maintenance of premises or facilities - & drivers		
9015	Gatehouse Attendants		
9015	Condominium – Armed Guards		
9015	Lifeguards		
8810	Clerical		
Loss History			
Please provide any loss history that is available and prior carrier information			

Signature

Date

Printed Name

Title

Please fax this form to Denise Bailey at 214/751-2390 or send to dbailey@associationsinsuranceagency.com for a quote.