

Work Comp Quote:

Please send back via:

Email: mickeyworden@sbcglobal.net

Fax: 405.844.3380

Thanks for taking time to review our web site and our workers compensation information. We have several programs available to Oklahoma businesses.

1. Name of Business:
2. Federal ID#:
3. Type of Structure, i.e.: LLC, C-Corp?
4. Contact Name:
5. Street Address:
6. City
7. State
8. Zip Code
9. Phone Number:
10. Fax Number:
11. Current Insurance Carrier:
12. Policy Expiration Date:
13. Class Code, i.e.; (4 digit code)
14. Description of Operations:
15. Estimated annual employee payroll:
16. Copy of current work comp declarations page:
17. Are owners covered under workers compensation?
18. Name and % of ownership
19. Social numbers of owners:
20. Any losses in past 3 years?
21. Web Site Address (URL):
22. E-Mail address:
23. Years in Business:
24. Years of Experience:
25. . Need Experience Modifier Rating Worksheet. Call NCCI at **(800) 622.4123** to request this. They will email it to you. This provides a cleaner copy to work with. Other wise get a good FAXED copy. You will only have one if you have paid over \$5,000 a year in premium for at least 3 years.
26. Ask your current insurance carrier for your loss runs. Then send them to me. If you are with CompSource , you can contact them at **(405) 232-7663** or **(800) 347-3863** and they will mail them to you.