



Workers Comp Worksheet Proposal

Business Name: _____

Fed ID: _____

Address/locations: _____

Class Code	Description	Rate per Hundred	Payroll	Total

Account Modification _____
Premium Discount _____
Expense Constant _____
Total _____
Down Payment _____

Other Information:

Officers Coverage:	Included	Excluded

Maximum payroll _____

This is a policy quotation for coverage. Policy premium may change based on actual payroll and final audit.

***** Please fill out and fax back to 301-962-6524 or email to judy@tbisi.com*****