

TGIA Workers Compensation Questionnaire

Complete Legal Name of Company: _____

Entity Type: (i.e. corporation, partnership, sole proprietorship, LLC, etc)

Mailing Address: _____

Physical Location(s) Address: _____

EIN (Federal Employer ID #): _____

Number of Employees: _____

How long has company been in business: _____

Annual Estimated Gross Sales: _____

Annual Estimated Gross Payroll: _____

Job Duties:	# of Empl	Estimated Annual Payroll
Clerical/Office Employees	_____	_____
Production Employees	_____	_____
Sales Persons	_____	_____
Executive Officers	_____	_____

List any Executive Officers to be Excluded from Coverage:

Name	Date of Birth	Title	Ownership%	Annual Payroll
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is coverage in place currently? _____