

Occupational Accident Quote Request

Coverage Type <input style="width: 400px;" type="text"/>		Requested Effective Date <input style="width: 150px;" type="text"/>	
Client Name <input style="width: 300px;" type="text"/>		Nature Of Business <input style="width: 300px;" type="text"/>	
Address <input style="width: 350px;" type="text"/>		City <input style="width: 150px;" type="text"/>	State <input style="width: 50px;" type="text"/> Zip <input style="width: 50px;" type="text"/>
Years In Business <input style="width: 50px;" type="text"/>	Tax ID No. <input style="width: 100px;" type="text"/>	Date of Workers Comp Rejection <input style="width: 100px;" type="text"/>	
If Yes Explain: <input style="width: 800px;" type="text"/>			
Has Workers Compensation or Occupational Accident ever been cancelled, refused or non renewed?			<input type="radio"/> YES <input type="radio"/> NO
If Yes Explain: <input style="width: 800px;" type="text"/>			
Business Type: <input style="width: 100px;" type="text"/>		Are Owners, Partners or Officers to be covered? <input style="width: 50px;" type="text"/>	
Is Applicant Subject to LPG or Texas Dot Regulations? <input style="width: 100px;" type="text"/>		Within What Radius Does Applicant Haul? <input style="width: 100px;" type="text"/>	
Does applicant handle, store, or transport hazardous materials including but not limited to explosive, caustic, poisonous or flammable materials?		<input type="radio"/> YES <input type="radio"/> NO	Please specify commodities hauled: <input style="width: 150px;" type="text"/>
If Yes Explain: <input style="width: 800px;" type="text"/>			
What percentage of loads are <u>MANUALLY</u> loaded or unloaded. Use 0% if no manual (un)loading			Unloaded <input style="width: 50px;" type="text"/> Loaded <input style="width: 50px;" type="text"/>
Does Applicant perform any work at heights over 24ft. ? <input style="width: 50px;" type="text"/>		If Yes Explain: <input style="width: 300px;" type="text"/>	
Benefits To Be Quoted:	CLS <input style="width: 100px;" type="text"/>	Deductible <input style="width: 100px;" type="text"/>	Benefit Period <input style="width: 100px;" type="text"/>
Excess Limits <input style="width: 100px;" type="text"/>	Waiting Period <input style="width: 100px;" type="text"/>	Weekly Income 75% to \$600 <input style="width: 50px;" type="text"/>	
Please submit 3 years (hard copy) of currently valued loss history		Date of Loss Information: <input style="width: 100px;" type="text"/>	
Year	Carrier	Total Losses	Description of Each Loss in Excess of \$5,000 Use sep. sheet if necessary
1. Has the applicant (or affiliate) been in the Texas Workers Compensation system in the last three Years?			<input type="checkbox"/> No <input type="checkbox"/> Yes
2. If yes, have they had and experience modification factor of 200% or more?			<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Has the applicant (or affiliate) ever had an Employer's Liability claim?			<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Has the applicant (or affiliate) ever had a Cumulative Trauma (e.g. carpal Tunnel, stress, etc.) claim?			<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Has the applicant (or affiliate) ever had an Occupational Disease (eg. black lung, silicosis, lead poison, cancer etc.)			<input type="checkbox"/> No <input type="checkbox"/> Yes
If the answer to questions three, four or five is YES, please give a complete description, dates, and amounts of claims on a separate sheet.			
Agent and Applicant hereby acknowledge that: (a) all answers and statements contained herein, including any attached data, are true and complete; (b) Insurer will rely on the information provided in this Fax-A-Quote along with any attached data in considering whether to provide the requested insurance coverage and (c) this quote request shall become part of the Policy should coverage be bound.			
Agent: <input style="width: 200px;" type="text"/>	Phone: <input style="width: 100px;" type="text"/>	Fax: <input style="width: 100px;" type="text"/>	Address: <input style="width: 200px;" type="text"/>
Agent Signature: <input style="width: 250px;" type="text"/>		Applicant Signature: <input style="width: 250px;" type="text"/>	

