



Workman's Compensation

Exact Name of Company _____

Referred by: Ralston Enterprises Inc.

Address of Company _____

What type of Company? IND. ____ LLC ____ Corp. ____ Partnership ____

Number of Employees _____ Part time _____ Full time _____

Annual Payroll Amount \$ _____ Annual Sales Amount \$ _____

Years in Business _____ Years in Business with Employees _____

Owners Covered with Work Comp? ____ Hours of Business ____ AM ____ PM

Do you offer Health Insurance? ____ 401K/Reirement ____ Flex Account ____

Operate in other States? ____ Does your business have a Delivery Service? ____

Do you own any other Businesses? _____

Last 5 years Work Comp History

2005 Claims \$ _____ \$ 2005 Payroll amount \$ _____

2006 Claims \$ _____ \$ 2005 Payroll amount \$ _____

2007 Claims \$ _____ \$ 2005 Payroll amount \$ _____

2008 Claims \$ _____ \$ 2005 Payroll amount \$ _____

2009 Claims \$ _____ \$ 2005 Payroll amount \$ _____

FEIN # _____ Federal Employee Identification Number)

_____ Copy of last Statement (Mo. or Qua.) from State Ins Fund, Liberty , etc.

_____ Signed Statement to view NCCI Worksheet

_____ Business Card

_____ Order Loss Runs- online or fax requesting Loss Runs