AHERN INSURANCE BROKERAGE
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WORKERS' COMPENSATION QUICK QUOTE

General Information

Applicant's Name:	FEIN: _____ (Federal Employer Identification Number)

Applicant conducts business as: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other (Specify): _____

Location Information

Office Location 1

Address:

Estimated Annual Payroll: $ (classification 8820 – Attorneys/all employees)	*Full Time:* *Part Time:* Number of Employees:

Office Location 2

Address:

Estimated Annual Payroll: $ (classification 8820 – Attorneys/all employees)	*Full Time:* *Part Time:* Number of Employees:

Office Location 3

Address:

Estimated Annual Payroll: $ (classification 8820 – Attorneys/all employees)	*Full Time:* *Part Time:* Number of Employees:

Equity Partner / Corporate Officer Information

Please list all Officers *(of a Corporation) or* Equity Partners *(of an LLP)*

Name	*Title*	*Percentage Ownership*	*Include or Exclude*?*
		%	
		%	
		%	
		%	
		%	

(if included, 2012 Maximum Payroll used $104,000) *NOTE: All officers/partners who do not own stock must be covered.

Policy / Claim Information

Current Carrier:_____ Policy Term:_____

Any claims in the last 3 years? Yes ☐ No ☐ *(If yes, please provide currently valued Carrier generated loss runs)*

To the best of my knowledge, the information contained in this application form is accurate:

Signature:	Date:
Print Name:	Email: