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[copicfsg.com](http://copicfsg.com)

**COPIC Financial Service Group, Ltd.**

**Workers Compensation Quote Request**

Profession \_\_\_\_\_

COPIC Insured \_\_\_\_\_

Current Date \_\_\_\_\_ Effective Date \_\_\_\_\_

Named Insured \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Legal Entity \_\_\_\_\_ FEIN \_\_\_\_\_

Mailing Address \_\_\_\_\_

Claims (Last 5 Years) \_\_\_\_\_

**Location Address: 1.** \_\_\_\_\_

Additional Locations:  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer Liability Limits: \_\_\_\_\_

Rating Information: \_\_\_\_\_

Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Annual Payroll (Staff Payroll Only): \_\_\_\_\_

Owners/Officers/Partners:

Name	Title	% of Ownership	Include/Exclude

\*If included for coverage, payroll will be capped at \$48,500

List any additional information:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please fax completed form to (720)858-6281 or email to: [jklein@copic.com](mailto:jklein@copic.com)