



COSSIO INSURANCE AGENCY

Insured by The CIA

Workers Compensation Quote Request

Company Name _____ Start Date / /

Tax ID# _____ Email address _____

Contact Name _____ Title _____

Work Phone () - Home Phone () - Fax () -

Mailing Address: Street City State Zip Code

Premises Location: Street City State Zip Code

Nature of business/detailed description of operations _____

Year Business Started _____

Prior Insurance Carrier Policy Number Effective Dates (Month, Year)

Is company canceling coverage? Yes No Why? _____

Total premium \$ Any claims in last five years Yes No

Employee payroll figures:

	# Full Time	# Part Time	Annual Payroll Renumeration
Referees	_____	_____	_____
Secretaries	_____	_____	_____
Retail Employees	_____	_____	_____

Owners Included/ Excluded:
 Included Excluded

Name Title/ Relationship Name Title/ Relationship