

# MDIS Missouri Dental INSURANCE SERVICES

MDIS4DDS.com | T 573-636-8752 | F 573-634-5770

# WORKER'S COMPENSATION QUOTE FORM

### Location Information

Entity Name: \_\_\_\_\_ Tax I.D.: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Entity Type (Sole Prop, LLC, etc.): \_\_\_\_\_  
 Ph: \_\_\_\_\_ Fax: \_\_\_\_\_  
 # of Years in Business: \_\_\_\_\_ Email: \_\_\_\_\_

### Payroll Information

Payroll: \$ \_\_\_\_\_ (Total annual payroll for full & part-time staff, not including owner)  
 # Of Full-Time Staff \_\_\_\_\_  
 # Of Part-Time Staff \_\_\_\_\_  
 Payroll: \$ \_\_\_\_\_ (\$54,700 for Sole Proprietor/Partner, Corporate Officer or LLC member)  
 Total: \$ \_\_\_\_\_ (Combine both staff and owner payrolls)

### Policy Limits

Limits Desired: [ ] \$100,000/500,000/100,000 [ ] \$500,000/500,000/500,000  
 [ ] \$1 Million / 1 Million / 1 Million \*Recommended

### Underwriting Questions

Please explain all "Yes" Responses: (on a separate piece of paper)	<u>Yes</u>	<u>No</u>
Is the applicant involved in any other type of business?	[ ]	[ ]
Are Sub-contractors used?	[ ]	[ ]
Do you lease any employees to or from other employers?	[ ]	[ ]
Please explain all "No" Responses: (on a separate piece of paper)	<u>Yes</u>	<u>No</u>
Are workstations ergonomically designed?	[ ]	[ ]
Do all employees use personal protective equipment As required by OSHA or other state regulations?	[ ]	[ ]
Have you had any Worker's Compensation Claims in the last 3 years?		
[ ] No previous claims history	[ ] Yes	If yes, please provide the following information on a separate piece of paper: date of loss, description, and amount paid.

\*This form is to gather information for quoting coverage, this is NOT a confirmation of coverage.\*  
 A copy of our "Notice of Privacy Practice & Policies" is available upon request from the MDIS office or at the MDIS website, www.MDIS4DDS.com.