

# Workers' Compensation Worksheet (Real Estate)

Effective Date:

Named Insured: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Location of Bldg: \_\_\_\_\_  
 \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

*If more than 1 location, please attach a list of all locations to be covered.*

Nature / Type of Business: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

*List Additional Named Insured's to be included, their tax id # & ownership % on separate page.*

Type of Entity:     Corporation     LLC     Subchapter "S" Corp  
                           Partnership     Individual     Other \_\_\_\_\_

### Payroll Information

Class Code	Category	# Full Time Empl	# Part Time Empl	Annual Payroll
8810	Clerical – NOC			\$
9015	Building - NOC			\$
8742	Salespersons			\$
7380	Drivers - NOC			\$
				\$
				\$

Offsetting rent is deemed to be payroll. Do you offset rent for employees?     Yes     No  
 If YES, you must include amount as payroll in above figures.

### Ownership Info

Name	Title	% Owned	Duties	Est. Payroll	Include/Exclude

If you are anything other than a Corporation, do you want to be EXCLUDED from the policy?  
 Yes     No    If NO, you must include your payroll amount in above figures.

Do you currently have WC Coverage?     Yes     No    If YES, please forward copy of Dec page.

If YES, have you provided 5 yrs of Loss Runs?

Do you obtain Certificates of Insurance from all Subcontractors?     Yes     No

#### Contact Info

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_