

Workers Compensation Application

Entity Name _____ DBA _____

Mail Address _____ City _____ St _____ Zip _____

Location Address _____ City _____ St _____ Zip _____

Other Locations States _____

Contact Person _____ Phone _____ FAX _____

Email _____ FEIN # _____ Yrs in Business _____

Effective Date _____ Experience Mod _____

Description of Operation: Hotel__ Hotel w/Restaurant__ Hotel w/Restaurant & Lounge__ Restaurant__ Restaurant w/Lounge__ Fast Food__

Full-time Employees _____ Part-time Employees _____

Officers _____ Included _____ Excluded _____
_____ Included _____ Excluded _____

Number of lost-time claims in last three (3) years _____

Number of medical-only claims in last three (3) years _____

Annual Payrolls- For multiple states, break down by state:

Restaurant _____

Hotel _____

Clerical _____

Are employees required to wear non-slip shoes? _____

Are non-slip mats used? _____

Is there a written safety program in operation? _____

Property/Liability quote also. Yes__ No__

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(423)894-0907 or email to: info@eHOSPITALITYinsurance.com