

BLACK INK INSURANCE
316 Riverside Avenue, Roseville, CA 95678
Phone: 1-888-777-7108
Fax: 1-888-567-1522

WORKERS' COMPENSATION QUESTIONNAIRE

Corporate Name: _____

DBA: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

e-mail: _____

Insurance Carrier (or None): _____

Insurance Contact Person: _____

Policy #: _____ Expiration Date: _____

Annual Premium: _____

Payroll – Sales: _____ Payroll – Clerical: _____

Number of Licensed Agents: _____ Number of Clerical: _____

Federal Employer ID#: _____

Partners and Officers - Please provide a list of Partners, Directors, and officers, and include titles, ownership, duties, and if they should be excluded or not from the policy.

Signature

Date