



ASC Insurance Services

InterWest Insurance Services, Inc

Po Box 255188
 Sacramento CA 95865-5188
 Ph (866) 923-7767 Fax: 916-979-7992
 License # 0D35073 License # 0B01094

REQUEST FOR WORKERS COMPENSATION QUOTE

Company Name: _____
 Mailing address: _____
 Physical Address: same _____
 Other locations? No Yes

Phone #: _____ Fax#: _____
 Name of contact: _____

Entity Type: Individual Partnership Corporation Other
 FEIN (Federal Tax ID number): _____

Renewal Date: _____ Current carrier: _____
 Description of all business operations:

Do you own any other businesses (not being applied for here)? No Yes

Payroll information:	Number of employees	
	FT	PT
8389 Auto Repair _____	_____	_____
8810 Clerical _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____

List each owner/officer to be excluded from coverage. Please include ownership title and percentage of stock ownership for all officer(s) partners to be excluded.

- A. _____ % _____ Title _____
- B. _____ % _____ Title _____
- C. _____ % _____ Title _____
- D. _____ % _____ Title _____

Confidential

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