

COURIER BROKERS & INSURANCE SERVICES LLC

Information for Workers Compensation, NTL, PD Quote

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Courier Broker and
Insurance Services LLC

CORPORATION INFORMATION											
Corporation Name					Date (mm/dd/yyyy)						
Corporation Street Address											
City			State		ZIP						
Phone			E-mail Address								
EIN (Employment Identification Number)				Years Operating with FedEx							
All Shareholders Names		Date of Birth		Percentage Owned	Annual Salary (If applicable)		Active in Corporation				
				%	\$.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
				%	\$.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
				%	\$.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
				%	\$.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Are you Line Haul?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		Are you Ground?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
How many employees do you have?		Total		Full Time		Part Time		Seasonal			
What is your estimated annual payroll?		\$									
Terminal Street Address											
City			State		ZIP						
Who is your current insurance provider?				Do you offer health benefits? (Yes/No)							
When is your current policy renewal date? <i>Not Applicable if you are with "Protective" (mm/dd/yyyy)</i>							/	/			
Do you have a MOD rate? (If unsure, I can find out from the state using your Employment ID Number)							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Did you assume the previous owners MOD rate? (If no, please provide the name and EIN of the sellers corporation below)											
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Corp. Name:			Corp. EIN:				
What is your current Workers Compensation rate? (Please check invoice or information page of the policy)										%	
Do you have any open/active claims? (If yes, we will be in contact with you in order to obtain addition info)							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
You will need to contact your current and or previous Workers Compensation policy issuers and request a copy of your "Loss Run Report" and they will email it to you. Once you have received the report, please forward it on to me.											
DISCLAIMER AND SIGNATURE											
I certify that my answers are true and complete to the best of my knowledge. I understand that this form is not an offer, promise or a policy, either expressed or implied.											
Signature						Date					