



BURNSBROKERS

Malpractice Insurance Experts

Business Owners and Workers Comp Application

Please complete and return via email: info@burnsbrokersinsurance.com or fax: 720-255-0644 to receive a quote

Firm Name		Phone Number	
Address		City/State/Zip Code	
Contact Name		Email Address	
Business Owners Current Carrier		Workers Comp Current Carrier	
Business Owners Effective Date		Workers Comp Effective Date	
Business Owners Limit of Liability		Workers Comp Limit of Liability	
Business Owners Deductible		Workers Comp Deductible	
Business Owners Premium		Workers Comp Premium	

Business Owner Information:

1. Year the Business was Established:
2. Legal Entity Type: Check one of the following:
 Corporation LLC Partnership LLP Sole Proprietor Other:
3. Has the firm had any claims in the last 3 years:
 Yes, please include additional information No
4. Do you own the building? If so, what is your Building Limit at Replacement Cost?
5. What is your Business Personal Property Limit?
6. What type of Construction is your building?
 Frame Joisted Masonry Non-Combustible Masonry, Non-Combustible Fire Restrictive
7. Year the Building was built: Year of any building updates:
8. Is the building sprinklered? Yes No
9. Square feet of building: Square feet the law firm occupies:
10. Number of Stories:

Additional coverages on your current policy form, please provide information

Workers Compensation Information:

1. Do you want coverage for the Owners or Officers of the company? Yes No
2. Has the firm had any Workers Compensation Claims in the last 5 years? Yes No

Employee Roster:

A = Attorney	C = Clerical Staff
--------------	--------------------

Employee Name	Designation	Annual Payroll
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

If you have more than 15 on staff please attach a separate roster

Owner Roster:

Owner Name	Percentage of Ownership	Annual Payroll	Exclude from Coverage?
1.			
2.			
3.			
4.			
5.			
6.			

If you have more than 6 owners please attach a separate roster