



## Workers Compensation

Have you had any claims in the last 4 years?				Yes	No
Do you offer Health Insurance to your employees? Yes / No		Do you have a safety Program		Yes	No
Do you have a return to work program? Yes / No		Do you do drug testing		Yes	No
Classification codes, if this information is the same as it was in the last year, please attach a copy of your current declaration pages.					
Employee Class Code	Job Description	Payroll	# of full time employees	# of part time employees	
Offer Name	Title	Included or Excluded	% Ownership	Amount of Payroll	
Please provide us with a copy of the loss history as well as premiums for the last 4 years. This information can be obtained by contacting your current insurance company. The quote will be accurate only if we have all of this information so that we can apply all the appropriate discounts and surcharges.					
Special concerns or requirements for your policy(ies).					

Please return this to completed form to:

**Lincoln Insurance**  
**9176 S 300 W. Suite 4**  
**Sandy, UT 84070**  
**Phone (801) 601-3101**  
**Fax (801) 601-3120**