

Workers Compensation Questionnaire

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

Company Name	Incorporated?	
Contact Name	Tax ID#	
Address	Unemployment #	
Phone #	Fax #	

Email

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 safety meetings?	Yes	No
Do you have a return to work program?	Yes	No
Do you do drug testing?	Yes	No

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.

Classification Codes If this information is the same as it was last year please attach a copy of your current declarations pages.

Employee Class Codes	Job Description	Payroll	# full time Employees	# part time Employees

Officer Name	Title	Included or Excluded?	% Ownership	Amount of Payroll

Special concerns or requirements for your policy.

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