



GREENWOOD INTERNATIONAL INSURANCE SERVICES, INC

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Fax-A-Quote

Type of Proposal Requested:

- Occupational Accident only
Occupational Accident w/Legal

Please fax this completed form, your in-force insurance license, and Errors & Omissions dec page to: GreenWood Int'l Insurance Services, Inc at (512) 477-2057.

2800 South IH-35, Suite 275, Austin, TX 78704 P: 800.273.2299 E: ledmondson@gwigroup.com

Applicant Name Requested Effective Date

Address: Nature of Business

Number of years in business Tax ID# Date of workers' comp coverage rejection:

Contact Person: Phone Number

Has worker's comp or occupational accident coverage ever been canceled, refused or non-renewed? Yes No

If Yes, please explain:

Business Type: Corporation Partnership Other:

Is applicant subject to LPG or TxDOT Regulations? Yes No. Within what radius does applicant haul:

Does applicant handle, store, or engage in transport of hazardous materials (including but not limited to explosive, caustic, poisonous or flammable materials)? Yes No. If Yes, please explain:

Please specify commodities hauled:

What percentage of loads are manually loaded or unloaded (use 0% if no manual (un)loading)? % Loaded % Unloaded

Does applicant perform any work at heights over 24 ft.? Yes No. If Yes, please explain:

Table with 5 columns: # of Full-Time EES 1099, # of Part-Time EES 1099, Classification Code, Monthly Payroll by Class, Classification or Description

Total Number of Employees : Total Payroll \$ Waiver of Subrogation? Yes No

Current Worker's Comp or Accident Premium \$ Occupational Disease & Cumulative Trauma? Yes No

Benefits to be Quoted: LIMITS VARY BY PRODUCT. PLEASE CALL FOR OTHER OPTIONS.

CSL Benefit Deductible: Waiting Period: days (\$100,000 - \$1,000,000 CSL available) (\$1,000 - \$500,000 deductible available)

Benefit Period: Weekly Income Limit: (75% up to \$600 standard to most policies)

Please submit 3 years currently valued loss history below: Valuation Date of loss information

Table with 4 columns: Year, Carrier, Total Losses, Description of Each Loss in Excess of \$5,000 (Use separate sheet if necessary)

- 1. If this applicant (or affiliate) is currently in the Texas Workers' Compensation System, do they have an experience modification factor of 200% or more?
2. Has the applicant (or affiliate) ever had an Employer's Liability claim? If yes please provide details
3. Has the applicant (or affiliate) ever had an Occupational Disease (e.g. Black Lung, silicosis, lead poisoning, cancer, etc.) or Cumulative Trauma (e.g. carpal tunnel, stress, etc.) claim?

If the answer to #2 or #3 is YES, please give a complete descriptions, dates, and amounts of claims on a separate sheet.

Agent and Applicant hereby acknowledge that: (a) all answers and statements contained herein, including any attached data, are true and complete; (b) Insurer will rely solely on the information provided in this Fax-A-Quote, along with any attached data, in considering whether to provide the requested insurance coverage; and (c) this Fax-A-Quote shall become a part of the Policy should coverage be bound.

Agent: Phone:

Address: Fax: