

INSURANCE DESIGN & PLACEMENT, INC.

PLEASE SUBMIT TO 800-470-8852 OR SEBRINAB@INSURANCEDP.NET

COMPANY NAME: _____

FEIN(S): _____ **YRS IN BUSINESS** _____ **# LOCATIONS** _____ **STATES** _____

CONTACT NAME: _____ **PHONE:** _____

CURRENT POLICY INFORMATION

LIMITS	DEDUCTIBLE	CARRIER	PREMIUM

PAYROLL INFORMATION

9083- STORE STAFF (FOOD PREP & CASHIERS & STORE MANAGERS)

TOTAL PAYROLL #FT EE #PT EE

8742- MANAGERS WHO TRAVEL FROM STORE TO STORE

TOTAL PAYROLL #FT EE #PT EE

8810- OWNERS, EXECUTIVES, OFFICE/CLERICAL STAFF, HR, BOOKKEEPERS

TOTAL PAYROLL #FT EE #PT EE

9015- JANITORIAL OR LANDSCAPING STAFF

TOTAL PAYROLL #FT EE #PT EE

OWNERS TO EXCLUDE

Owner Name	Position/Role	% Company Owned	Payroll