Workers' Compensation Premium Indication Form

Sponsored by the CMA/County Medical Association and Society

Fax this form to: **(213) 346-5946** or call: **(800) 842-3761**

Member Information:

Member Name: ____________________

Practice Name: ____________________

County Medical Association/Society: ____________________

Address: ____________________

City: ____________________ State: CA ______ Zip: ____________

Phone: (______) ____________________ Fax: (______) ____________________

e-mail Address: ____________________ Contact: ____________________

Workers' Compensation: *For information and a premium indication, please include the following:*

Present Workers' Compensation Carrier: ____________________

Current Rate (Per $100): ____________________ Policy Renewal Date: ____________________

Number of Employees: Full time ________ Part Time ________ Annual Employee Payroll: $ ____________

Is your spouse included above?..... ☐ Yes ..... ☐ No
If yes, to be excluded?..... ☐ Yes..... ☐ No..... If yes, exclude from above payroll: $____________

If incorporated, do you wish coverage for yourself? ☐ Yes ☐ No **NOTE: All officers who do not own stock must be covered.**

Group health insurance provided?.... ☐ No..... ☐ Yes..... If yes, name of insurer: ____________________

Additional Programs:

Please send me information on these additional sponsored programs:

- ☐ Medical
  - ☐ Individual
  - ☐ Small Group (2 – 50)
  - ☐ Large Group (51+)
  - ☐ High Deductible Health Plans *(for HSAs)*
  - ☐ PPO
  - ☐ HMO
- ☐ Health Savings Accounts
- ☐ Long Term Disability
- ☐ Business Overhead Expense
- ☐ Long Term Care
- ☐ Term Life
- ☐ Employment Practices Liability
- ☐ Dental
- ☐ Group Universal Life
- ☐ Business Owners Package
- ☐ Catastrophe Major Medical
- ☐ Hospital Income Plan
- ☐ Accidental Death & Dismemberment

Signature:

I authorize you to obtain a Workers' Compensation insurance premium indication(s) on my behalf:

Signature: ____________________ Date: ____________

Sponsored by:

and 28 County Medical Associations & Societies

Administered by:

EMPLOYERS®

America's small business insurance specialist.®

Employers Compensation Insurance Company

Administered by:

MARSH

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