

# Workers' Compensation Premium Indication Form

4-857W

Sponsored by the California Pharmacists Association

Fax this form to: **(213) 346-5946** or call: **888-926-CPhA**

## Member Information:

Member Name: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

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 Pharmacy Rate (Per \$100): \_\_\_\_\_ Policy Renewal Date: \_\_\_\_\_

Number of Employees: Full time \_\_\_\_\_ Part Time \_\_\_\_\_ Annual Employee Payroll: \$ \_\_\_\_\_

Are any officers included in annual payroll 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.**

Years in Business \_\_\_\_\_  Individual  Partnership  Corporation  
 Joint Employers  Limited Corporation  "S" Corporation

Is the sum of the following operations less than 25% of your total office payroll?  Yes  No  N/A

• Health Care Screenings • Nursing Activities • Home Health Care • Deliveries (*Except Closed Door Pharmacies*) • Heavy DME Rental & Delivery

Is group medical insurance provided? ....  Yes .....  No Company: \_\_\_\_\_

% of employees participate \_\_\_\_\_ % paid by employer \_\_\_\_\_ If Blue Cross, Group # \_\_\_\_\_

Do you deliver? .. Yes .. No Frequency:....  Daily .. Weekly .. Other # of Vehicles \_\_\_\_\_ # of Drivers: \_\_\_\_\_

What is your delivery radius?.....  Less than 10 miles ....  11-25 miles .....  26-50 miles  
 51-100 miles .....  101-250 miles ....  250+ miles

## Signature:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsored by:



Underwritten by:



Administered by:

**MARSH**



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