



MAILING ADDRESS:
2058 N Mills Ave #522
Claremont, CA 91711

PHONE: 800-628-2882
FAX: 909-266-0359

EMAIL: office@h2ins.com

CA LICENSE #0C66703
ID LICENSE #600881

W/C FACT FINDER

Referred By: _____ Phone : _____

FEIN: _____ Date Completed: _____

Owner's Name: _____

DBA: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ Contact: _____

Email: _____ Website: _____

- Sole Proprietorship* Partnership Corporation LLC
- Non Profit Organization _____ Yrs in Business: _____

*If person is married, select "Partnership" and obtain spouse's name, DOB and SS#

Current Carrier: _____ Ex-date: _____ Expiring Premium: _____
Experience Modification % # of Locations States Operates In

<u>Prior Policy Yrs</u>	<u>Carrier</u>	<u>Policy #</u>	<u>Yrs w/Carrier</u>

<u>Class Code</u>	<u>Description</u>	<u>Full Time</u>	<u>Part Time</u>	<u>Annual Payroll</u>	<u>Rate</u>

<u>Owner's Name</u>	<u>DOB</u>	<u>SS #</u>	<u>Title</u>	<u>% Owner</u>	<u>Inc/Exc</u>	<u>Annual Compensation</u>
_____	___/___/___	_____	_____	_____	<input type="checkbox"/> / <input type="checkbox"/>	_____
_____	___/___/___	_____	_____	_____	<input type="checkbox"/> / <input type="checkbox"/>	_____
_____	___/___/___	_____	_____	_____	<input type="checkbox"/> / <input type="checkbox"/>	_____
_____	___/___/___	_____	_____	_____	<input type="checkbox"/> / <input type="checkbox"/>	_____



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(cont'd)

Safety Plan Y N Leasing Carrier Y N If Yes, % _____

Clean Premises Y N Other States Y N If Yes, states _____

Is Group Health Provided? Y N
If Yes, who is your carrier? _____

If No, are you interested in a quote? Y N

Is a Company Retirement Plan Provided? Y N
If Yes, who is your provider? _____

If No, are you interested in a proposal? Y N

Is Life Insurance for key employees in force? Y N
If Yes, who is your carrier? _____

If No, are you interested in a quote? Y N

Contractor's License #: _____

License name same as applicant or DBA? Y N