

Workers Compensation Quote Request

eHOSPITALITYinsurance.com

(866) 248-0901 Fax: (423) 894-0907

Entity Name _____

DBA _____

Mail Address _____ City _____ St. _____ Zip _____

Location Address _____ City _____ St. _____ Zip _____

Other Location States _____

Contact Person _____ Phone _____ Fax _____

E-mail _____ FEIN# _____ Years in Business _____

Effective Date _____ Experience Mod _____

Description of Operation Hotel Hotel w/Restaurant Hotel w/Restaurant & Lounge
 Restaurant Restaurant w/Lounge Fast Food

of Full Time Employees _____ Part-time Employees _____

Officers _____ Included _____ Excluded _____

_____ Included _____ Excluded _____

Number of lost-time claims in last three (3) years _____

Number of medical-only claims in last three (3) years _____

Annual Payrolls- For multiple states, break down by state:

Restaurant _____

Hotel _____

Clerical _____

Are employees required to wear non-slip shoes? Yes No

Are non-slip mats used? Yes No

Property/Liability quote also? Yes No

FAX Completed Request to 423-894-0907
or EMAIL to steve@eHOSPITALITYinsurance.com