



**Insurance at the Top**  
 1169 Hilltop Pkwy, #205A / PO Box 775128, Steamboat Springs, CO 80477  
 Ph: (970) 879-2265 Fax: (970) 879-5213

Today's date:

**Worker's Compensation Insurance**

Effective date:

*Are any other corporations/businesses owned by you?*

<b>Legal Name of Business / DBA:</b>		<b>FEIN:</b>
Description of business:		
# Years in business:	# Years experience:	Claims/EMod:
Current insurance carrier:		Premium:

Contact Information		
Phone:	Cell Phone:	Fax:
Email:	Web address:	
Mailing Address:		
Physical Address: (own or rent?)		

Details Of Operation			
BBB Member? Y N	Cost Containment Cert? Y N	Deductible? 500 1000 5000	
Employer Liab Limits:			
Description of an average employee's daily operation <i>(for potential class code corrections):</i>			
Class Code	Description	# Employees	Payroll
1)			
2)			
Owner Name	Date of Birth	SSN	% Ownership
1)			
2)			
3)			
4)			