

SERVPRO® FRANCHISEE INSURANCE PROGRAM

Workers Compensation Insurance Quote Request

Date: _____

Contact Information

Contact Name: _____

Franchise Name: _____ Franchise Number: _____

Mailing Address: _____

County: _____ City: _____ Zip: _____

Phone Number: (____) _____ Fax Number: (____) _____

Email Address: _____

Date new coverage needs to be effective: _____

Describe Your Business

Legal Entity: Corporation LLC Partnership Individual FEIN: _____

How many years has the applicant been in this line of work? ____ Years

Year Business Started: _____

Number of Employees:

____ Full Time Payroll: _____

____ Part Time Payroll: _____

Additional Business Information

Does business have more than 50 people working at one location at a time? Yes No

Does business currently have workers compensation coverage in effect? Yes No

Have you had any claims submitted to your insurance company in the past 3 years? Yes No

If Yes, please describe any losses in the last three years; including date of loss, \$ amount and details on a separate page.

In the past 2 years has business had 2 or more Workers Compensation claims, a single Workers Compensation claim over 20K, or any employee who suffered a work related injury requiring more than 2 days off work? Yes No

Have you had any claims submitted to your insurance company in the past 3 years? Yes No

Does the applicant solely and exclusively perform traditional restoration services? Yes No

Does 20% or more of the applicant's work involve any of the following?: Construction clean-up, debris removal, cleaning of medical facilities, or remediation of mold, lead, asbestos or any other hazardous material?. Yes No

Does 20% or more of the applicant's work involve any of the following?: 24 hour emergency service, cleaning of machinery, or remediation of fire, smoke, or water?. Yes No

Does the applicant provide tenting or fumigation services? Yes No

Coverage Requested

\$100,000 each accident / \$500,000 policy limit / \$100,000 each employee

\$500,000 each accident / \$500,000 policy limit / \$500,000 each employee

\$1,000,000 each accident / \$1,000,000 limit / \$1,000,000 each employee

Signature: _____

**PLEASE FORWARD A SIGNED COPY OF THE COMPLETED APPLICATION, ALONG WITH ALL REQUIRED DOCUMENTS
TO:**

ServproFranchiseInsurance@marsh.com

