



Help you to protect future

For more information, contact our office at: 732-820-0047

Completed form send to: Fax (609) 423-1273 or

Email: [inquiry@neptunefinserve.com](mailto:inquiry@neptunefinserve.com)

TO GET PROPER DISCOUNT, PLEASE ENTER ALL DATA CORRECT & READABLE

# Workers' Comp Insurance Quote Form

**Instructions:** Include copies of current insurance declaration page and any documents or correspondence that you believe will assist us to get you right quote. Attach additional pages if needed. This form must be signed and dated.

Name of Entity: \_\_\_\_\_ Tax ID# \_\_\_\_\_

Type of Entity (Circle One): \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ LLC \_\_\_\_\_ Other

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Contact/Title: \_\_\_\_\_ Phone: \_\_\_\_\_ In Business Since (Year) \_\_\_\_\_

Physical Property Address (if different from above): \_\_\_\_\_

Current Insurance Co. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Detailed Description of Operations: \_\_\_\_\_

## Workers Compensation Insurance Required Information:

Full-Time Employees \_\_\_\_\_ Part Time Employees \_\_\_\_\_

## Employee Payroll Information

Class Code	Annual Payroll \$	Full Time Emp	Part Time Emp



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Company Officer Information

Table with 6 columns: Name, Title, DOB, Duties, % Own, Annual Payroll \$

Credit score is used by insurance companies to determine your premium. By signing this form, you are giving us permission to run your credit. NOTICE OF INSURANCE INFORMATION PRACTICES - Personal information about you or your company, including information from a credit report, may be collected from persons other than you or your company in connection with this application for insurance and subsequent policy renewals.

By signing this form, I authorized Neptune Financial Services and/or it's representative as a representative for me and/or my company and giving authority to Neptune Financial Services and/or it's representative to shop around for to obtain the correct coverages and premium from different companies for me or my company. I certify that all answers are true, correct and complete to the best of my knowledge. ( ) I agree

Name of Business Owner & Title

Sign

Date

Note: "Have friends that wants to save money on insurance? Forward them our contact information with your honest thoughts about our services. Your friend will thank you for saving money and we'll thank you for the compliment."