



1374 East 28th Street
Brooklyn, NY 11210
T: 718-535-7070
F: 718-535-7071
info@totalben.com

Workers Compensation Policy Questionnaire

Date _____

Name of Business _____

Years in Business _____ Years of experience _____ Contact Name _____

Phone Number _____ Fax Number _____

Cell# _____ web address_www. _____

Mailing Address _____ City _____ State _____ Zip _____

Location if different _____ City _____ State _____ Zip _____

Description of Business _____

Number of Male Employees _____ Number of Female Employees _____

Specific Duties of Each **Class** of Employee and their **Annual** Payroll (NOT individual salaries): (e.g. CLERICAL \$250,000. SHIPPING \$450,000. PHYSICIAN \$950,000)

1. (Class) _____ Payroll _____ Number of employees _____

2. _____ Payroll _____ Number of employees _____

3. _____ Payroll _____ Number of employees _____

Federal ID # _____

NYS Unemployment Registration # _____ Date of Incorporation: / /

Owner Information: Name _____

Title _____ Duties _____

Ownership % _____ Annual Payroll _____

Included/Excluded in Policy? (See next page) _____

List any other Executive Officer _____

Is applicant engaged in any other sort of Business? _____

Any part time or seasonal employee? _____

How many seasonal employees per class? _____

Do employees travel out of the state? _____

Any prior coverage declined or non-renewed? _____

Are employees leased to other employers? _____

Previous Carrier _____

Premium _____ Policy Number _____

Forward copy of your latest audit and policy declarations page along with this application

Any Losses _____ Explain _____

Proposed Effective Date of Coverage _____

Do you NEED a DBL Policy (required by NYS law)? _____

[for sole proprietor/partner ONLY - would you like to include disability coverage for sole proprietor/partner of your company? __ Yes __ No]



1374 East 28th Street
Brooklyn, NY 11210
T: 718-535-7070
F: 718-535-7071
info@totalben.com

According to NY State Law, any Executive Officer (if there are two or less) of a company has the option to be excluded from the Workers Compensation Policy. The advantage to this is a lower premium (you will be paying less for the policy, for there are fewer workers listed).

The drawback to this option is that if the Executive Officer experiences an injury on the job he will not be covered by Workers Compensation (for he is not listed on the policy) and his own personal health insurance will not cover the expenses of the injury either.

Please consider the pros and cons and decide whether you wish to include or exclude the Executive Officer from the Workers Compensation policy. If you wish to exclude the Executive Officer from the policy, please sign below and fax this back to me together with the Workers Compensation/DBL Questionnaire.

I have read and understand the rules about excluding an Executive Officer from a Workers Compensation Policy, and I would still like to:

- exclude the Executive Officer from my Workers Compensation Policy.
- NOT exclude the Executive Officer from my Workers Compensation Policy.

X _____