

WORKERS' COMPENSATION INSURANCE

Please complete the requested information below for your Workers Compensation Insurance Policy. Infotax Square representative will begin processing your order upon receipt of payment.

CONTACT INFORMATION (This is where we will ship your documents)

First Name: _____
 Last Name: _____
 Address: _____
 Suite/Apt: _____
 City, State, Zip: _____
 Phone: (____) _____ - _____
 Fax: (____) _____ - _____

BUSINESS OVERVIEW

Type of Entity:
 Name of Entity: _____
 DBA/Assumed Name: _____
 State of Formation:
 Date of Formation: _____ (mm/dd/yyyy)
 Employer ID Number: _____
 Unemployment Tax ID (if any): _____
 Address: _____ (if different from the above)
 Suite/Apt: _____
 City, State, Zip: _____
 County: _____

OFFICERS/DIRECTORS INFORMATION

OFFICER 1

Full Name: _____
 Title: _____
 Residence Address: _____
 City, State, Zip: _____
 Phone, Fax: _____
 Duties: _____
 Annual Salary: _____



OFFICER 2

Full Name: _____

Title: _____

Residence Address: _____

City, State, Zip: _____

Phone, Fax: _____

Duties: _____

Annual Salary: _____

OFFICER 3

Full Name: _____

Title: _____

Residence Address: _____

City, State, Zip: _____

Phone, Fax: _____

Duties: _____

Annual Salary: _____

Do you want to exclude officers: Yes No

INSURANCE INFORMATION

Requested effective date of

Insurance: _____ (mm/dd/yyyy)

Number of Employees: _____

Total Annual Salary: _____

Number of Locations to be covered under Worker Compensation: _____

Have you ever been insured for worker compensation Insurance: Yes No

*If 'Yes' fill out the information.

Name Of Insurer: _____

Year: _____

Policy Number: _____

Annual Premium: _____

Reason for Cancellation: _____

Have you ever been in business under different name: Yes No

*If 'Yes' fill out the information.

Entity Name: _____

DBA/Assumed Name (if any): _____

Employer ID Number: _____

Nature of business, describe in detail:

ORDER INFORMATION (For Pricing https://infotaxsquare.com/forms/workers_compensation_insurance.php)

Infotax Square fees for getting quotation for Workers? Compensation Insurance:	
Note: If you agree to the quotation and would like to apply for it additional Infotax Square fees \$200.00 + annual premium for the policy (which will be paid to your insurance carrier) will be charged.	

CARDHOLDER INFORMATION

- Check (payable to INFOTAX SQUARE): Our Mailing Address <http://infotaxsquare.com/contact.html>
- CREDIT CARD: This authorizes Infotax Square to charge my credit card for filing Certificate of Incorporation.

Card Type: Visa Master Card American Express Discover

First Last Name: _____

Billing Address: _____ City, State, Zip _____

Phone, Fax: _____

Card Number: _____ Expiration Date: _____

Country: _____



General Comments / Instructions:

TERMS OF USE AGREEMENT & DISCLAIMER (Click Here For Online)

The undersigned hereby represents and warrant that he/she duly authorizes Infotax Square to charge his/her credit card for the above services rendered.

Free Consultation
+1 (866)754 4460

Name / Signature _____

Official Use Only	Prepared by: _____
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***Important: Please save the form before submitting**

Have a Question? Please contact our customer service department at 866-754-4460 or 516-822-3100, 516-822-3175.
You may also email your questions to info@infotaxsquare.com or take advantage of our Live Chat option. Live Chat available 24/7