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Arlington Heights, IL 60005  
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Fill out the following form and fax or email the form. Please attach the current policy if available.

**WORKERS' COMPENSATION QUOTE REQUEST FORM**

I prefer to receive this quote via (Check One):      Email      Fax

**Client Information:** Company Name: \_\_\_\_\_

Company Owner: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

Entity (Sole Proprietor, Partnership, Corporation or LLC ): \_\_\_\_\_

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

Date of Established: \_\_\_\_\_ Yrs. Of. Exp.: \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Alternate Phone Number (Optional): \_\_\_\_\_ Fax Number (Optional): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Current Carrier:** \_\_\_\_\_ **Renewal Date (MM/DD/YY):** \_\_\_\_\_ **Premium:** \_\_\_\_\_

Location Address	Owner/Tenant

**Other Occupants if any:** \_\_\_\_\_

**Limits:**

\$100,000/\$500,000/\$100,000    \$500,000/\$500,000/\$500,000    \$1,000,000/\$1,000,000/\$1,000,000

**Property Information:**

State	# of Employees	Payroll

**Workers' Comp Owners/Officers Coverage:**

Name:	Title:	Payroll	Include (Y/N)

**Claims in the past 3 years:** \_\_\_\_\_

Any additional information or considerations: \_\_\_\_\_

Agent Name (if applicable): \_\_\_\_\_

***Our Service Makes the Difference  
24 - 48 Hours Turn Around Time for Quotes***