



please complete this form and send via fax or email (above) must save first and send using Internet Explorer

50258 Van Dyke, Suite A, Shelby Township, Michigan 48317
 Phone 586-726-7800 • Fax 586-726-8835

Corporate Information

Company Name: _____ dba: _____
 Physical Address: _____
 City: _____ State: _____ ZIP: _____
 Mailing/Other Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: () _____ Fax: () _____ E-Mail: _____
 FEIN: _____ In Business Since (YYYY): _____
 Entity Type: Corporation LLC Sole Proprietorship Partnership
 Nature of Business: _____ Policy # _____
 Current Workers' Compensation Carrier: _____ Renewal Date: ____/____/____

Estimated Annual Payroll By Class Code

State	Class Code	# of FT Employees	# of PT Employees	Gross Payroll
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Ownership Information

Name	Title	Duties	% of Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This section for internal use only

Producer: _____ Date: ____/____/____

*This quote is only an estimation due to the limited information the TRM requires. Additional information may be requested for a guaranteed price quote.