



Workers' Compensation – Quick Quote Information

Complete and return by fax to 302-654-8836 or email us at allen@alleninsurance.com

Company Name: _____

Primary Contact Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Webaddress: _____

of Years in Business: _____

Describe your normal business operation:

Current classification information:	State	Class Code	Annual Payroll
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

If you know the Experience medication factor, please advise: _____

Do you have a safety credit, merit credit or construction credit now: Yes No

If yes, please advise: _____

Your current insurance carrier: _____

When does your policy renew: _____

We thank you for your interest and we will be in touch as soon as possible to present you with our best offer from a financially strong insurance company.

You may want to visit our website at www.AllenInsurance.com