Affinity Insurance Services ● 159 East County Line Road
Hatboro, PA 19040
PHONE: 800-544-2672 FAX: 847-953-4779

AON O&P Insurance Program Workers' Compensation Questionnaire

Thank you for inquiring about the Aon O & P Workers' Compensation Insurance Program. This program provides statutory coverage in all but a few states. To obtain your personal quotation, please answer the following questions and supply the requested information.

PLEASE PRINT WQ2

COMPANY NAME (Include DBA's): _____

❑ Individual ❑ Partnership ❑ Corporation ❑ Other

FEDERAL ID #: _____

COMPANY ADDRESS: _____

_____

_____

TELEPHONE: ( ) _____ FAX: ( ) _____

E-MAIL: _____

ANNUAL SHOP/LAB PAYROLLS	ANNUAL CLERICAL PAYROLLS	ANNUAL RETAIL/SALES PAYROLLS
$	$	$

Please list the names of your **Officers**, their titles, their payrolls, their job description, and whether they should be excluded from coverage. (Use additional sheet if necessary)

Name: _____ Title: _____ Annual Payroll: $ _____

Job Description: _____ Exclude: ____Yes ____No

Name: _____ Title: _____ Annual Payroll: $ _____

Job Description: _____ Exclude: ____Yes ____No

PREVIOUS CARRIER: _____

PREMIUM MODIFICATION (If any): _____

EXPIRATION DATE: _____

PREMIUM: $ _____

HAS COVERAGE EVER BEEN CANCELED OR DECLINED? YES _____ NO _____

ANY LOSSES FOR THE PAST THREE YEARS? (If yes please attach loss runs) YES _____ NO _____

COMMENTS: _____

Any person who knowlingly and with the intent to defraud any insurance company or another person files and an application containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____