



Eton Bridge Insurance & Financial Solutions

Workers Compensation New Business Questionnaire

Company Information	
Contact Name	
Business Name	
Phone	
Email	
EIN Number	
Location Address	
Mailing Address (if different)	
Desired Effective Date	
Description of Operations	
Years in Business	
Current Insurance Company	
Current Renewal Date	
Any Losses/Claims	
Employee Information	
Number of Full Time	
Number of Part Time Employees	
Payroll of Each Employee	
Description of Each Employee Job Duties	
General Information	
Partners and Officers Included or Excluded in Rate	
If Included annual payroll of Each	
Principals Name	
Principals Date of Birth	