

STUCKEY INSURANCE
5343 N. 16TH ST., STE. 110
PHOENIX, AZ 85016
(602) 264-5533 • FAX (602) 279-9336

Worker's Compensation Quote Information

Company Name: _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

Location 1 Address: _____

Location 2 Address: _____

Payrolls (annual):

Arcitects/Engineers	_____
Surveyors	_____
Drafting	_____
Accountants	_____
Attorneys	_____
Clerical	_____

***Please also list number of employees in each class.**

Owners & Officers: ___ Covered ___ Excluded*

*Do not include payrolls for anyone excluded.

Federal Employee I.D. Number: _____

Current WC Insurance Carrier: _____

Expiration Date: _____

Experience Modifier: _____

Have you had any worker's compensation claims within the past 3 years? _____

If yes, please explain: _____

Need by date: _____