

# Work Comp ~ Quick Quote Form

To



Art Hollingsworth Insurance Agency  
License # 0352964  
(707) 584-5828 / fax

Agent

**Please provide a quote  
for the following risk:**

**Named Insured(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ Insured's Phone \_\_\_\_\_

\_\_\_\_\_ No. of years insured has been in this business      \_\_\_\_\_ Years experience in this field

Named Insured is      \_\_\_ Individual      \_\_\_ Partnership      \_\_\_ Corporation

Describe Business \_\_\_\_\_

Current Carrier \_\_\_\_\_ None \_\_\_\_\_

Number of losses in the last three years \_\_\_\_\_ (if more than one, send loss runs)

Class code \_\_\_\_\_ Duties \_\_\_\_\_ Payroll \_\_\_\_\_

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