

# Workers' Compensation ~ Quick Quote

Agent Name

\_\_\_\_\_

Agent phone

\_\_\_\_\_

Agent email

\_\_\_\_\_



**Hollingsworth Insurance Services LLC**

CA License #6009509

Call / Text Ron at (623) 363-0977

Fax Completed Quick Quote Form to

**(707) 584-5828**

or email to [ron@hollingsworthinsurance.com](mailto:ron@hollingsworthinsurance.com)

If more information is needed to provide your work comp quote, Ron will reach out to you!

Name of risk ① \_\_\_\_\_

What do they do ② \_\_\_\_\_

Address w/ zip code ③ \_\_\_\_\_

Business is a ④      Individual      Partnership      Corporation

Current carrier ⑤ \_\_\_\_\_ (advise if none)

Business TaxID# ⑥ \_\_\_\_\_      Years experience in this field ⑦ \_\_\_\_\_

Number of losses in the last three years ⑧ \_\_\_\_\_      If there are loss runs, please send as attachment

⑨ Class Code	Payroll	Number of Employees
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____