



# Business Insurers of the Carolinas Pet Services Division

## Workers Compensation Quote Application

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address of Property: \_\_\_\_\_

Legal Entity:            *Individual/Sole Proprietor*            *Partnership*            *C-Corporation*  
   *S-Corporation*    *Limited Liability Company (LLC)*            *Other* \_\_\_\_\_

FEIN # or Social Security Number (if individual): \_\_\_\_\_

If in AL, NY, UT, ME, RI, or MN, also provide State Unemployment ID #: \_\_\_\_\_

Year Business Established: \_\_\_\_\_ Years Experience in Field/Industry \_\_\_\_\_

Brief Description of Business and what employees do exactly: Pet Sitting? Dog training? Pet Boarding/Daycare? Pet Grooming? Pet taxi service?: \_\_\_\_\_  
\_\_\_\_\_

If Pet Sitting, do your employees stay overnight in the client's homes?            Yes            No

Total Number of Employees/Uninsured Independent Contractors:    Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Annual Payroll for all Employees/Uninsured Independent Contractors (**DO NOT INCLUDE owners/officers payroll**):  
\$ \_\_\_\_\_

List all states your Employees work in: \_\_\_\_\_

Names of all Owners/Officers/Partners/LLC Members (choose whether to be included or excluded from coverage)

1. \_\_\_\_\_            Included            Excluded            Payroll (if included): \$ \_\_\_\_\_

2. \_\_\_\_\_            Included            Excluded            Payroll (if included): \$ \_\_\_\_\_

Experience Mod Factor (if known): \_\_\_\_\_

Please list all workers compensation claims you know about over the past 4 years and amount paid out by any Insurance Company: \_\_\_\_\_

Please explain and give details on any large claims over \$5,000 here: \_\_\_\_\_  
\_\_\_\_\_