BROOKHURST
INSURANCE SERVICES

15760 Ventura Blvd.
Suite 1450
Encino, CA 91436
License
Tel :
Fax:

WORKERS COMPENSATION APPLICATION

Insured	Proposed Effective Date	Policy Expiration Date
Contact Person/Title		Federal Tax ID
Telephone Number	Fax Number	E-Mail
Years in Business	No. of Locations	Operations Outside of State? ☐Yes ☐No
Physical Location	Mailing Location	

Officer Name	Title	% of Stock	Included/Excluded

Description of Operations

Operation Includes Driving: ☐Yes ☐No Driving Radius ☐10-25 mi ☐25-50 mi ☐50-100 mi ☐>100 mi	Driving Frequency: ☐ Daily ☐ Weekly ☐ Monthly
Do you provide group health coverage for your employees: ☐Yes ☐No If yes, carrier _____	Current Workers Compensation Carrier_____ Policy # _____

Class Code	Payroll	Number of Full-Time	Number of Part-Time

Insured

Policy Renewal Date

	Payroll Information	Premium Information
Current year		
Prior year		
Prior year		
Prior year		
Prior year		