Workers' Compensation Premium Indication Request

MERCER
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FOR LICENSED CALIFORNIA ATTORNEYS 92520010404

For more information, complete the form below and fax to Mercer at: 515-365-0681, or scan and e-mail to: LH.admin@mercer.com

Member Name:_____

Firm Name:_____

Address:_____

City:_____ County:_____ State: CA **Zip:**_____

Phone:(_____,_____ Fax:('- ___,_____

E-mail Address:_____ Contact: _____

Present Workers' Compensation Carrier: -

Current Rate (Per $100):_____ Policy Renewal Date:_____ Number of claims in the last 5 years:_____

Number of claims over $5,000 in the last 5 years:_____ Current Experience Mod (if available): _____

Number of Employees: Full time_____ Part Time_____ Annual Employee Payroll: $_____

Are there any officers/partners included in the annual payroll above?..... D Yes ..... D No
If yes, to be excluded?.....D Yes.....D No.... If yes, exclude from above payroll: $_____

If incorporated, do you wish coverage for yourself? D Yes D No **NOTE: All officers who do <u>not</u> own stock <u>must</u> be covered.**

Years in Business_____ D Individual D Partnership D Corporation
D Joint Employers D Limited Corporation D "S" Corporation

Is group health insurance provided?....D Yes.....D No..... If yes, name of insurer: _____

% of employees participate_____ % paid by employer_____ If Anthem Blue Cross, Group #_____

Are safety procedures in place and enforced?.....D..Yes.....D No

Is employee turnover less than 10% over the previous 2 years?.....D Yes.....D No

Is the 5 year loss ratio less than 35% and the current Experience Mod between 80% and 125%?.....D Yes.....D No

Does the account have over 10 years' experience under the governing class code of 8820 (Attorneys)?.....D Yes.....D No

A rate deviation up to 20% may be applied subject to an underwriting review.
Eligibility: Accounts that generate $150,000 or less in manual WC premium with Experience Mods between 80% and 125%.

I authorize Mercer to obtain a Workers' Compensation insurance premium indication(s)* on my behalf:

Signature:_____ Date:_____

Sponsored by:

Brought to you by:

MMA PROGRAMS

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*Contingent upon additional information required.
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