

Workers' Compensation Premium Indication Request



FOR LICENSED CALIFORNIA ATTORNEYS

87481010101

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 Information

Member Name: _____
Firm Name: _____
Address: _____
City: _____ County: _____ State: CA Zip: _____
Phone: (_____) _____ Fax: (_____) _____
E-mail Address: _____ Contact: _____

Workers' Compensation *For information and a premium indication, * please include the following:*

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?..... Yes..... No
If yes, to be excluded?..... Yes..... No..... If yes, exclude from above payroll: \$ _____
If incorporated, do you wish coverage for yourself? Yes No **NOTE: All officers who do not own stock must be covered.**
Years in Business _____ Individual Partnership Corporation
 Joint Employers Limited Corporation "S" Corporation
Is group health insurance provided?.... Yes..... No..... If yes, name of insurer: _____
% of employees participate _____ % paid by employer _____ If Anthem Blue Cross, Group # _____
Are safety procedures in place and enforced?..... Yes..... No
Is employee turnover less than 10% over the previous 2 years?..... Yes..... No
Is the 5 year loss ratio less than 35% and the current Experience Mod between 80% and 125%? Yes..... No
Does the account have over 10 years' experience under the governing class code of 8820 (Attorneys)? Yes..... 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%.

Signature

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

Signature: _____ Date: _____

Sponsored by:



Brought to you by:



*Contingent upon additional information required.

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