MIBS
Midwest Insurance
Brokerage Service, Inc.

54 W. Seegers Rd, Arlington Heights, IL 60005
Phone: (847) 427-8000 Toll Free: (800) 845-9200
Fax: (847) 640-8011

Workers' Compensation Quote Questionnaire

Agent Name: _____ Phone: _____

Effective Date for Quote: _____

Business Name: _____

Premises Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone: _____

Federal Employer's ID#: _____

Type of Business: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Subchapter S Corp. ☐ Nonprofit

☐ Other: _____

Detailed Description of Day-to-Day Operations: _____

Year this business started under the current ownership: _____

Years of total overall experience the owner has in this business type: _____

Losses past 3 years: ☐ Yes ☐ No

Description of losses or if possible, please include currently valued loss runs: _____

# of full-time employees: _____ # of part-time employees: _____ # of locations: _____

Estimated Total Annual Payroll: $ _____ Experience Mod (if any, per policy): _____

Do you require increased limits beyond 100/500/100? If so, please state limits needed: _____

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Employee Information:

Employee Type	Job Description	Class Code	Annual Payroll Estimate
1			
2			
3			
4			
5			

Officers / Partners / Owners Information:

Principal	Name	Title	Class Code	Exclude from Coverage? Yes or No
1				
2				
3				