

CHARR Worker's Compensation Program

A quote is just a fax away. The following information is required in order to provide your business with a quote:

Business Name: _____ Corporation ___ Individual ___ Other ___

Address: _____

Current Carrier: _____ Expiration Date: _____

Federal Employer ID No: _____ Experience Mod: _____

Number of Employees: _____ Full Time: _____ Part Time: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____ E-Mail _____

<u>Class Code</u>	<u>Description</u>	<u>Payroll</u>
9079	Restaurant	\$
7380	Catering	\$

Fax this completed worksheet to **907-258-3105** for a quote. Or, if you would like contact one of our Account Executives at **907-276-7667** or email:

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