

NOTICE: Workers Compensation Renewal Notice

PLEASE VERIFY/COMPLETE THE INFORMATION REQUESTED BELOW AND FAX BACK TO 760-477-7271 WITH 3 YEARS CURRENTLY VALUED LOSS RUNS.

Workers Compensation Renewal Notice:

Policy Number: Effective Date: Expire Date:

CSLB LIC#:

Extract Date :

EMPLOYER:

LOCATION:

BUSINESS PHONE NUMBER:

BUSINESS FAX NUMBER:

INDIVIDUALS INCLUDED/EXCLUDED (Partners, Officers, Relatives)

Name	Title	Ownership %	Duties	Include/Exclude
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Please provide the following payroll estimates

Current Annual Payroll Estimates – Workers Compensation Classification

Class Code	Description	Number of Employees	Est Annual Payroll
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Please complete information above and Fax 3 years currently valued loss runs (760) 477-7271

