

**INFORMATION NEEDED TO PROVIDE an alternative
WORKERS COMPENSATION QUOTATION**

**Name
Address
Phone
Fax
Email**

**Contact:
Name
Phone
Fax
Email**

Tax ID:

Following documents are needed:

- 1) Declaration Page (1st page) of current insurance policy
TO SHOW PAYROLL / RATES
- 2) Copy of losses issue by current insurance carrier
(See attached for letter to send from your office)

3) States racing in: (please circle)

MD VA DE PA KY NY NJ FL LA WV OH OK AR

4) States stabled / farm located / boarding in: (please circle)

MD VA DE PA KY NY NJ FL LA WV OH OK AR