

Date: _____



Workers' Compensation Coverage
Chamber Secure Insurance LLC

Let us find the most competitive **Workers Compensation** program for your business. Fax this form to Chamber Secure Insurance and let us do the shopping for you! Employers of ANY size, in ANY industry have access to the most competitive rates on the market.

Complete and fax this form to us at **717.720.5597** and a member of our Chamber Secure team will contact you. Or contact us at **800.755.3021** to find out how easy, and cost-effective, our **Workers' Compensation** program really is!

Company Information

Your Name: _____

Company Name: _____

Company Address: _____

Phone: _____ Fax: _____

Please provide a **detailed** description of the nature of your business:

Number of Employees: _____ Federal ID# _____

Current Coverage

Current Insurer: _____

Policy Expiration Date: _____

Do you operate a Sole Proprietorship, Partnership or Corporation? _____

Payroll Information for Current Policy

Numerical Class Codes (may be found on your current policy)

Job Description:	Estimated Payroll

Claims History

Please note any serious claims in recent years:

