

John L. Campbell Insurance Agency, Inc.

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WORKERS COMPENSATION QUOTATION INFO:

Name _____

Mailing Address _____

Phone Numbers Home _____ Work _____ Cell _____

E-mail Address _____

FEIN _____

Type of Business _____

Years in Business _____

New Venture? _____

Previous Experience _____

Current Class Codes _____

Payroll per Class Code _____

Number of Employees per Class Code: Full Time _____ Part Time _____

Current Carrier _____

Current Policy Expiration Date _____

Experience Modification _____

Current Policy Premium _____

Additional Comments/Information _____
