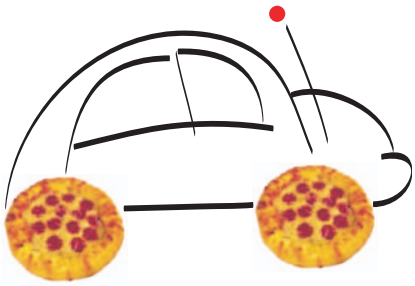
hilb rogal & hobbs℠

Attn: Pizza Dept.
2300 Clayton Road
Suite 620
Concord, CA 94520-2142
Tel 800-786-6482
Fax 925-825-0618
Email: Cheryl.Downey@hrh.com



HRH NATIONAL PIZZA DELIVERY PROGRAM
WORKERS COMPENSATION QUESTIONNAIRE

NAMED INSURED AND CONTACT INFORMATION

Name _____

DBA _____

Street Address _____

City, State & Zip _____

EMAIL Address _____

Telephone (_____) _____

Fax (_____) _____

Cell or Home Phone (_____) _____

FORM OF BUSINESS AND OTHER BUSINESS INFORMATION

Partnership ❑ Sole Proprietor ❑ Corporation ❑ Number of Years in Business _____

Federal Employer ID # _____ State Employer ID # _____

CURRENT INSURANCE INFORMATION

Current Carrier _____ Effective Date _____

Addresses of all Restaurants 1. _____

2. _____

3. _____

PAYROLL INFORMATION EXCLUDING OFFICER PAYROLLS

Classification	Annual Payroll	No. of Full Time	No. of Part Time
Restaurant			
Delivery			
Clerical (if any)			

OWNERS/OFFICERS

Name	Classification	% of Ownership	Included or Excluded	Annual Salary

See attached supplemental questionnaire (required to quote)

_____

Signature Print Name Date