



# QUICK QUOTE

## Workers' Compensation

Prospect Name

E-mail Address

\_\_\_\_\_

\_\_\_\_\_

Contact Name

Contact Number

\_\_\_\_\_

\_\_\_\_\_

Address

City

State

Zip

\_\_\_\_\_

Current Carrier

FEIN #

Effective Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policy Limits

Any Losses In Past 3 Years:

Yes

No

### Number of Employees:

Part Time

Total Payroll

\_\_\_\_\_

\_\_\_\_\_

Full Time

Corporate Owners

\_\_\_\_\_

\_\_\_\_\_

### Additional Comments

Please print this form and fax to MSMA Insurance Agency (573) 634-4062