

### Workers Compensation Questionnaire

Our company needs its quotation No Later Than: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

How did you hear about WaterColor Management? \_\_\_\_\_

1. What is your company's full legal name? \_\_\_\_\_

2. What is your physical street address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Is your company a: Corporation    LLC    Partnership    Proprietorship    Other

4. What is your FEIN or Social Security No. \_\_\_\_\_ Years in Business \_\_\_\_\_

5. Do you currently have Workers Compensation Insurance in force?    YES    NO

**\*\*\*\*If yes please attach a copy of your current declaration pages and current five-year Loss Runs.\*\*\*\***

6. Describe briefly what your business does: \_\_\_\_\_

6a. Do you or your employee install any equipment? If so, describe what do you install? \_\_\_\_\_

6b. Do you or your employee handle any chemicals? Kindly describe what chemical and how handled? \_\_\_\_\_

7. Do you work on scaffolds, ladders, or any similar device inside.    YES    NO

If yes, what is the maximum height \_\_\_\_\_ Ft?

Do you work on scaffolds, ladders, or any similar device outside?    YES    NO

If yes, what is the maximum height \_\_\_\_\_ Ft?

8. How many employees do you have? \_\_\_\_\_ How many over 65 Years Old? \_\_\_\_\_ How many under 18? \_\_\_\_\_

9. Have you and your employees completed the OSHA 10 & 30 training? \_\_\_\_\_

10. Have you and your employees completed the Hazcom Program Training? \_\_\_\_\_

11. Please describe the various water treatment services your company provides and the percentage for each of your total business.

Service Boilers	_____ %	Install Pumps or Meters over 50 Pounds	_____ %
Service Cooling Systems	_____ %	Install Any Boiler Parts	_____ %
Service Airwasher Systems	_____ %	Install Any Cooling Tower Parts	_____ %
Service or Sell Automatic Controls	_____ %	Compound, Mix Chemicals	_____ %
Service or Sell Metering Pumps	_____ %	Sell Chemicals – No Storage/Handling	_____ %
Service Non-Potable Water Systems	_____ %	Sell Chemicals – Store and Handle	_____ %
Service or Sell Ion Exchange Resins	_____ %	Sell and Install Water Softening	_____ %
Service Potable Water Systems	_____ %	Sell and Service Water Softening	_____ %
Sell or Use Fuel Oil Additives	_____ %	Design Water Treatment Systems	_____ %
Sell Reagents & Test Kits	_____ %	Consult on Water Treatment Systems	_____ %
Septic Tank Design	_____ %	Septic Tank Installation	_____ %
Septic Tank maintenance	_____ %	Other _____	_____ %

**Percentages must Total 100%**

12. Should the answers in question 11 not fully describe all the services your company provides, please specify below what other services your company does provide:

_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

Utilize a separate sheet of paper if the space provided is not adequate to properly and fully describe your additional services.

13. What is the payroll of your company excluding all officers? \$ \_\_\_\_\_

14. What is the payroll for the officers in your company? \$ \_\_\_\_\_

15. Are the officers of the company to be included in Workers Compensation Coverage?      Yes      No

16. Officer Information:      Use an additional sheet if necessary.

State	Name	DOB	Title	Ownership %	Work Description	INC/EXC	Annual Gross Pay

17. A. Employee Information:

Number of Employees	Permanent Residence State	States employee works in	State Hired

17. B. Employee Information:

No of Employees	Job Title	Description of Work Performed

18. Payroll Classification:

STATE	CLASS	NO OF EMPL	WORK DESCRIPTION	ANNUAL PAY
	8742		Company Owners or Corp Officers	
	8742		Outside Sales	
	8601		Consultant – Outside	
	8603		Consultant – Inside	
	8018		Distributor	
	8742		Mfg. Representative	
	5183		Field Technician	
	4828		Chemical Mixing & Blending	
	5183		Water Softening/ Filter Installation	
	4511		Chemical Analyst	
	8810		Clerical	

19. If regular Workers Comp Carriers are unable to offer a quote, would you accept PEO (Professional Employer Organization)?      YES      NO

20. Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Return to: MPR-Fintra AL Inc., dba WaterColor Management, PO Box 1132, Decatur, AL 35602;  
Phone 256-260-0412; FAX 256-355-3070; [rhonda@watercolormanagement.com](mailto:rhonda@watercolormanagement.com)**