

# NELSON-PATTERSON AGENCY, INC.

Insurance - Risk Management - Administrative Services

746 RIVER ROAD, PO BOX B • NEW MILFORD, NJ 07646

Tel. 201-262-1431 • Fax 201-262-3740

email@nelson-patterson.com

## Workers Comp Quote

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Info Taken by: \_\_\_\_\_ Producer: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Business email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Total # of Employees: \_\_\_\_\_

	Operation Description	Payroll	# of Employees
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Liability Limit (pls. circle):            100/500/100            500/500/500            1mil/1mil/1mil

Experience Mod: \_\_\_\_\_

Individuals, LLC& partners only, do you want to be *included* or *excluded* from coverage? (Circle One)

Prior Ins. Info.: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

\_\_\_\_\_