

Information Required for Workers Comp Quote:

1. Requested effective date:
2. Legal entity name distributing payroll:
 - a) (LLC / PLLC/ PC / Inc / Etc.)
 - b) List any additional entities associated with this payroll:
3. FEIN number:
4. Year the business was established or acquired by current owner:
5. Unemployment Number (UTAH ONLY):
6. Individual Business owner name:
 - a) If there are additional entity owners- please include their name(s):
8. Practice address:
9. Mailing Address (if different):
10. Please list any additional locations payroll will be issued under this entity:
11. Approximate number of employees (**excluding yourself—the dentist/owners**):
- 12. Estimate of annual payroll (excluding yourself—the dentist/owners):**
13. States other than ID that employees are located in: