



Lawyers Workers Compensation Application

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|--------------------------------------|--|----------------------------|-------------------------------|
| Requested Effective Date | | Name of Present Carrier | |
| Applicant Name | | | |
| Mailing Address (Including Zip Code) | | | |
| Years In Business | | Federal Employer ID Number | |
| # | Locations Street, City, County, State, Zip Code | | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| State | Categories, Duties, Classifications | #of Employees | Estimated Annual Remuneration |
| | | | |
| | | | |
| | | | |
| | | | |
| Insured's Signature | | Date | |