

**Emmanuel Insurance & Associates. Inc.**

 *“Emmanuel Insurance, prides itself in having many markets and most every line of business specialty in our agency.”*

***“Emmanuel Insurance Agency, prides itself in having many markets and most every line of business specialty in our agency.”***

**WORKERS COMPENSATION INTAKE FORM**

**Date:** Click or tap to enter a date.

**Name:** Click or tap here to enter text.

**Business Name:** Click or tap here to enter text.

**Business Address:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Name of all Corporation Officers:** Click or tap here to enter text.

**Nature of Business (what operations does your business perform):** Click or tap here to enter text.

**Workers Compensation Class Code:** Click or tap here to enter text.

**Number of Employees:** Click or tap here to enter text.

**Estimate/Amount of Payroll:** Click or tap here to enter text.

[ ]  **Weekly** [ ]  **By-Weekly** [ ]  **Monthly**

**EIN:** Click or tap here to enter text.

**Do you need Workers Compensation Exception?** [ ]  **Yes** [ ]  **No**

**If yes please provide the Name of Except Member:** Click or tap here to enter text.

***If applied, please provide the following;***

**Website:** Click or tap here to enter text.

**Social Media Sites:**

[ ]  **Facebook** Click or tap here to enter text.

[ ]  **Instagram** Click or tap here to enter text.

[ ]  **Twitter** Click or tap here to enter text.

**Please add any additional note if needed:** Click or tap here to enter text.