



Workers Compensation Exposure Questionnaire

Please fill out the table below with respect to any locations at which employees should be covered under your Workers Compensation policy. In the "Description of Operations" field, you may indicate whether this is a satellite office, employee's home office, etc.

Loc #	Workplace Location Address	Description of Operations
1		
2		
3		
4		

Please fill out the table below to indicate the allocation of payroll among the various workers compensation classifications. If you are unsure of the appropriate classifications, please do your best to describe.

State*	Class Code	Classification Description	Estimated Payroll	# Full-Time Employees	# Part-Time Employees

**If there is more than one workplace location within a single state, please indicate to which location the estimated payroll pertains.*

Name of Applicant: _____

Signature: _____ Date: _____