

*"Insuring you in the 21<sup>st</sup> Century"*  
**UNITED NATIONAL INSURANCE AGENCY**

2201 CAROLINE  
HOUSTON, TEXAS 77002  
713/655-0335 FAX 713/655-0338  
e-mail [unia@united-insurance.com](mailto:unia@united-insurance.com) [www.united-insurance.com](http://www.united-insurance.com)

**WORKERS COMPENSATION INSURANCE PROPOSAL FORM**

**NOTE: PROCESSING WILL BE DELAYED IF "ALL" LINE ITEMS ARE NOT COMPLETE, PLEASE COMPLETE.  
USE "N/A" IF A LINE ITEM DOES NOT APPLY. ONCE COMPLETED FAX TO 713-655-0338. THANKS IN ADVANCE.**

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Insured Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Location: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal ID#: \_\_\_\_\_ SS#: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Web Site: \_\_\_\_\_

Type of Business: \_\_\_ Individual, \_\_\_ Partnership, \_\_\_ Corporation, \_\_\_ Joint Venture

How many years in Business: \_\_\_\_\_ Years of experience in that type of Business: \_\_\_\_\_

Detail description of your operations: \_\_\_\_\_

What is your estimated gross revenue for the year? \_\_\_\_\_

How many employees do you have: \_\_\_\_\_

List employees by Categories, Duties, or Classification: (Example: Clerical, Painters, Etc.)

(Note: Please attach separate sheet w/ employees information) \_\_\_\_\_

Need Annual Payroll for each category of employees (Also need to know who is full time & who is part time): \_\_\_\_\_

Do employees travel out of state (If yes what states): \_\_\_\_\_

List all Owners, Partners, Officers, or Relatives as included or excluded: Need: (1) Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ & Annual Payroll \_\_\_\_\_

Do you use subcontractors: \_\_\_\_\_

If yes, need the % of subcontractors used and amt paid out to subcontractors: \_\_\_\_\_

A break down of subcontractors & % of each (electricians, plumbing, Etc): \_\_\_\_\_

Do you required your subcontractors to have insurance? \_\_\_ Do you require them to carry same coverage? \_\_\_

Do you obtain a certificate of insurance from subcontractors? \_\_\_\_\_

Prior Carrier & Policy #(Loss runs needed on request ) \_\_\_\_\_

What limits of insurance are you needing: \_\_\_\_\_

What effective date client is needing for coverage? \_\_\_\_\_