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**WORKERS COMPENSATION/EMPLOYERS LIABILITY QUESTIONNAIRE**

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| --- | --- |
| Named Insured: | Click here to enter name. |
| Risk Address: | Click here to enter address. |
| # of Employees: | Admin/Clerical: # Other: # |
| Annual Payroll: | Admin/Clerical: # Other: # |
| Business Type: | Click here to enter business type. |
| Limits of Liability: | Click here to enter limits of liability. |
| 5 Years Loss History: | Click here to enter loss history. |