## WORKERS COMPENSATION: BUSINESS INFORMATIONS

工人补偿:商业信息

HONGJIAN LI AGENCY (鸿建利代理)

Please fill out the following needed information and avoid leaving blank on the field. Please try to be specific on your answers as it helps to determine your correct premium quote amount. Thank you!

请填写以下所需信息,并避免在该字段中留空。请尽量在您的答案中具体说明,因为这有助于确定您正确的保费报价金额。谢谢!

- 1. FEIN NUMBER (FEIN号码)
- 2. COMPANY NAME (公司名)
- 3. BUSINESS START DATE (营业开始日期)
- 4. BUSINESS ADDRESS (营业地址)
- 5. HOW MANY YEARS OF MANAGEMENT EXPERIENCE (多少年的管理经验)
- 6. NAMES OF COMPANY OWNER (公司所有者姓名)
- 7. DATE OF BIRTH OF THE OWNER (所有者的出生日期)
- 8. ANNUAL SALARY OF THE OWNERS (业主年薪)
- 9. IS THE OWNER PERSONALLY INVOLVES ON A DAILY WORK BASIS IN THE FIELD? (业主是否亲自参与该领域的日常工作?)
- 10. DOES THE OWNER WANTS TO BE INCLUDED ON THE POLICY COVERAGE? (业主是否希望被包括在保单范围内?)
- NAMES OF COMPANY OFFICERS AND OWNERSHIP PERCENTAGE IN THE COMPANY. (Please list down below their Names, Position/ Title, and their Ownership percentage) 公司管理人员的姓名和在公司中的所有权百分比。(请在下面列出他们的姓名、职位/职务和他们的所有权百分比)
- 12. EMAIL ADDRESS (电子邮件地址)
- 13. PHONE NUMBER (电话号码)
- 14. DO YOU HAVE A LICENSE? (你有执照吗?)
- 15. WHAT KIND OF LICENSE? (什么样的执照?)
- 16. AND WHAT IS THE LICENSE NUMBER (许可证号是多少?)
- 17. HOW MANY FULL-TIME EMPLOYEES ARE THERE? (有多少全职员工?)
- DETAILED DAILY JOB DESCRIPTION OF EACH FULL TIME EMPLOYEES/WORKERS (每个全职员工/工人的详细日常工作描述)
- 19. FULL-TIME EMPLOYEES ANNUAL ESTIMATED SALARY (全职员工年薪)
- 20. HOW MANY PART-TIME EMPLOYEES ARE THERE? (有多少兼职员工?)
- 21. DETAILED DAILY JOB DESCRIPTION OF EACH PART TIME EMPLOYEES/WORKERS (每个兼职员工/工人的详细日常工作描述。)
- 22. PART-TIME EMPLOYEES ANNUAL ESTIMATED SALARY: (兼职员工年薪:)
- 23. DETAILED DESPCRIPTION OF YOUR COMPANY'S MAIN OPERATION (贵公司主要业务的详细描述)
- 24. COMPANY'S ANNUAL REVENUE (公司年收入)
- 25. WHAT IS YOUR PREVIOUS INSURANCE CARRIER? \*\*IF YOU CAN PROVIDE US A COPY, MUCH BETTER. (您以前的保险公司是什么? \*\*如果您能向我们提供一份副本,那就更好了。)
- 26. WHAT IS YOUR POLICY NUMBER AND IT'S FULL TERM DATE COVERAGE. (您的保单编号及其完整的期限日期承保范围是多少。)
- 27. WHEN IS YOUR EMPLOYEE'S FIRST HIRE DATE?(您员工的第一次录用日期是什么候?)

APPLICANT'S SIGNATURE OVER PRINTED NAME (申请人在印刷姓名上的签名) (Please signed here and that you certify all information you put above are hereby true) ((请在此处签名,并证明您在此确认上面提供的所有信息均属实))