

Workers Comp Fact Sheet

Trainers Name: _____

Current WC Carrier: _____

Previous Carriers last 5 years: _____

Premium you pay: _____

Deductibles: _____

Claim handling charges: _____

Any loses in the last 5 years: _____

Description of losses in excess of \$50K: _____

Copy of WC policy: _____

Number of starts in the last 5 years: _____

Payroll last 5 years: _____

FEIN number associated with current WC policy: _____

If you would like the FHBPA to obtain the loss data, we will need a complete authorization letter. Please stop by the office to fill out form.

