

OCG & Associates, Inc.

Oscar M. Cartagena

8750 NW 36St, Suite 650, Doral, FL 33178

Ph: 305-447-9577 / Fax: 305-447-9578

Workers Compensation Quote Request

General Information

Company Name: _____

Contact Name: _____

Telephone: _____ Fax: _____ Email: _____

Company Information

Type of Company: C- Corporation, S- Corporation, Limited Liability Company, Partnership, Sole Proprietorship

Year Established: _____ Number of Employees: _____

Owner Name: _____ Ownership Percentage: _____

Owner Name: _____ Ownership Percentage: _____

Owner Name: _____ Ownership Percentage: _____

Location Information

1. Address: _____ City: _____ State: _____ Zip Code: _____
2. Address: _____ City: _____ State: _____ Zip Code: _____
3. Address: _____ City: _____ State: _____ Zip Code: _____

Occupation Information

| Job Description | Number of Employees | Annual Payroll | Location |
|-----------------|---------------------|----------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

Insurance History

Prior Insurance Company Name: _____

Policy Expiration Date: _____

Annual Premium: _____

Exemptions : _____

Three Years of Loss, Runs, and Reports: _____

Please fax completed form to (305) 447-9578. If current or prior insurance declarations page is available, please attach to fax for a better quote.

COMPLETION OF THIS FORM DOES NOT OBLIGATE OCG & ASSOCIATES, INC TO OFFER A PREMIUM INDICATION OR BIND COVERAGE. ULTIMATE PREMIUM, COVERAGE TERMS AND CONDITIONS MAY ONLY BE DETERMINED AFTER REVIEW OF A FULLY COMPLETED APPLICATION.