



Work Comp Advisor Questionnaire

Name _____

Title _____

Company Name _____

City _____

Address1 _____

State _____

Address2 _____

Zip Code _____

Phone # _____

Fax # _____

Email _____

Type of Business _____

Number of Employees _____

Current Work Comp Carrier _____

**Fax completed questionnaire to:
516-496-7811 Att: Work Comp Advisor**