



TMK Risk Management Inc. dba

Kallman Insurance Agency

P. O. Box 266736 • Weston, FL 33326
Phone 954 .389 .5897 • Fax 954 .389 .6661
www.tmkrisk.com

Worker's Compensation "Kwik Kwote" application

Contact Name _____ Date: _____

Phone Number: (____) _____ Fax Number: (____) _____

Cell Phone: (____) _____ Home: (____) _____

E-mail: _____ Website: _____

Company Legal name: _____

Mailing address: _____

City/State/Zip: _____ / FL / 33 _____

Form of business: Corporation Partnership Sole proprietor

Other (describe) _____

What year did your business start? _____

Y or N Any work done over water

Y or N Any work done above 15 feet in height

Y or N Any employees under 16 years old or over 65 years old

Y or N Any group transportation provided?

Y or N Are you in the construction industry?

Y or N Do you have a formal written safety program?

Y or N Do you have a drug free workplace program?

What is your FEIN Number? _____

Fully describe operations: _____

List all Locations: _____

(use separate sheet if needed)

List officers names and percentages of ownership: _____

Total annual payroll for each different type of job classification:

Office Clerical Payroll: \$ _____

Outside Sales Payroll: \$ _____

Drivers Payroll: \$ _____

Classification (_____) Payroll: \$ _____

Classification (_____) Payroll: \$ _____

Classification (_____) Payroll: \$ _____

Return with:
Copy of current policy
3 years loss run

World Class Service From Your Home Town Agency

