

Workers Comp Fact Sheet

Trainers Name: _____

Current WC Carrier: _____ Premium you pay: _____

Previous Carriers last 5 years: _____

Any losses in the last 5 years: _____

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

Copy of WC policy: _____

Number of starts in the last 5 years:

2020 _____

2019 _____

2018 _____

2017 _____

2016 _____

Payroll last 5 years:

2020 _____

2019 _____

2018 _____

2017 _____

2016 _____

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.