



Chung Kuo Insurance Company, Limited

WORKERS' COMPENSATION INSURANCE APPLICATION

Policy No.: _____

1. Name of Insured:

Mailing Address:

Contact Numbers:

Business: _____ Cell: _____ Fax: _____

Email Address: _____

2. Policy Period: From: _____ To: _____

3. Classification of Operation:

4. Business Location:

5. No. of Employee & Job Classification:

No. Each Employee	Job Classification	Full Time/ Part Time	Hourly Rate	Code No.	Est. Total Annual Comp.	Est. Total Amount Premium

Signature of Applicant

Date