



# EXCLUSIVE Workers' Compensation Program

## WORKERS' COMPENSATION UNDERWRITING INFORMATION

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PROTECTING THE RIGHTS  
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 CALIFORNIA LODGING  
 INDUSTRY

*This Workers' Compensation program was made possible due to HRH's substantial Hospitality Portfolio with an industry leading loss ratio. In addition, their expertise has allowed HRH to offer CH&LA Members **EXCLUSIVE WORKERS COMPENSATION RATES!***

Eff. Date: \_\_\_\_\_

Named Insured: \_\_\_\_\_ DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Location Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Contact: \_\_\_\_\_

Excluded Officers: \_\_\_\_\_

We need to include percentage of ownership for each officer. Please remember on LLC that only the managing members can be excluded.

When (date) was the company first formed? \_\_\_\_\_

Will you provide Medical for Employees? \_\_\_\_\_ If yes:

Name of Medical group? \_\_\_\_\_

What % of the Premium will you pay? \_\_\_\_\_

% of employees that participate? \_\_\_\_\_

Any sick leave provided? \_\_\_\_\_

Any paid vacation provided? \_\_\_\_\_

Do you have safety meetings: \_\_\_\_\_ If yes, how often: \_\_\_\_\_

Hours front desk is open: \_\_\_\_\_ How many shifts: \_\_\_\_\_

Number of rooms: \_\_\_\_\_ Average room rate: \_\_\_\_\_

Any Vehicles: \_\_\_\_\_ # and Usage: \_\_\_\_\_ # of Drivers: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ State ID Number: \_\_\_\_\_

Class:	Est. Payrolls for next year	# of full time Emp.	# of part time Emp.
Hotel			
Restaurant			
Clerical			
Outside Sales			

Claims? If so, how many and paid amounts: \_\_\_\_\_

**Fax completed form to Joel Brand at (415) 895-9131. Questions? Call CH&LA's Insurance Center toll free at (800) 979-5530 or visit our web site at [www.calodging.com](http://www.calodging.com) for more information and to utilize our on-line quote system.**



hilb rogal & hobbs<sup>SM</sup>

