

## Workers' Compensation Premium Indication Application

Named Insured:		
FEIN:		Phone Number:
Description of Operations:		
Location Address:		
State of domicile:		Number of years in business:
<u>Class Code</u>	<u>Payroll</u>	
_____		
_____		
_____		
_____		
Mod:		Target premium:
Deductible option:		
Any Workers' Compensation claims within the past 12 months?		YES      NO
If yes, please describe:		
Additional information for underwriting:		

Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states.

Please send applications to [quotes@aiamga.com](mailto:quotes@aiamga.com). For questions, please call 334-279-7600 and ask to speak with a Workers' Compensation underwriter.

**For AIA Underwriting use only:**

**Pricing Indication:**

*Indication reflects 100/500/100 Employer Liability limits*