



HERZOG
INSURANCE AGENCY

WORKERS' COMPENSATION PROGRAM FAX INFORMATION SHEET

235 Main St.
Pleasanton, CA 94588
Phone 800-300-1303 Fax 925-892-7969

Company Name _____

Address _____

City _____ **Zip** _____

Phone _____ **Fax** _____

My current Workers' Comp Classifications are:

| 4 Digit Code | Description | Estimated Annual Payroll | # of Employees |
|---------------------|--------------------|---------------------------------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

The above information is usually available from your current policy

Federal Tax Id # _____ **Current X Mod** _____

Current Carrier _____ **Renewal Date** _____

Please order my loss runs for me:

Signed: X _____

___ Yes, I would also like information concerning Liability Insurance

PLEASE FAX TO: 925-892-7969