



**Business Owners Information**

Company Legal Name/DBA

Address

City

State

Zip

FEIN

Key Contact

Phone

Email Address

First Check Date\* / /

Policy Effective Date / /

\* On or after policy effective date

**Excluded Owners/Officers (not applicable to self-reporters)**

#	Employee ID#	Name
1		
2		
3		
4		

Note: Employee ID#s are critical to the processing of your payroll files and they must match those provided by your payroll vendor. Also, if more than four, please provide separately.

**Insurance Agency Information**

Agency Name

Agent Name

Agent Address

Agent Phone

Email Address

**Payroll Vendor Information**

Pay Cycle: (check one)

Weekly

Bi-weekly

Semi-monthly

Monthly

Payroll Vendor

Contact Name

Phone

Email Address

Submit completed form to: [customerservice@coverisk.com](mailto:customerservice@coverisk.com)  
For questions, contact us by email or phone: 800-790-8877, option 3 for Customer Service