



MALONEY & COMPANY, LLC

The Art of Risk Management

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Accountants Workers' Compensation Questionnaire

1. Firm Name (please include any DBA names):

Address: _____
Street City State Zip

Email: _____ Firm's Tax ID Number: _____ Date Formed: m ___ /d ___ /y _____

- Professional Association
- Sole Proprietorship
- PC
- LLC or LLP
- Partnership
- Other _____

Does the Firm have more than one location? Yes No
If Yes, where?: _____

2. Ownership Information:

Should the Owners of the Firm be included on the WC Policy? Yes No

Name	Date of Birth	Title	Ownership	Duties	Remuneration
_____	_____	_____	_____ %	_____	_____
_____	_____	_____	_____ %	_____	_____
_____	_____	_____	_____ %	_____	_____

Any other named insured with common majority ownership? Yes No
If Yes: _____

Audit Frequency: Semi-Annual Annual Monthly Quarterly

3. Employee Payroll Information (Owners should **not** be listed below):

	No. of Employees	Estimated Annual Payroll
☞ Accounting Professionals:	_____	_____
☞ Clerical:	_____	_____
☞ Computer System Designers/Programmers:	_____	_____
☞ Other (Please Describe):	_____	_____

Do employees use a **personal auto** for business purposes more than 3 days per week? Yes No
If Yes, explain: _____

4. Firm History:

Does the Firm currently have a workers' compensation policy in force? Yes No
If Yes, please provide: Insurance Company _____ Effective Dates _____ Premium _____

Has the Firm ever had any workers' compensation claim or occurrence that may give rise to a claim within the past five years? Yes No
If Yes, please provide details on a separate sheet or attach an insurance company loss run.

Any named individuals of the Firm that should be included or excluded from the policy? Yes No
If Yes, please provide details on a separate sheet.

Please provide details (below each question) on all “yes” responses to the following:

1. Does the applicant own, operate or lease aircraft/watercraft? Yes No
2. Are operations based solely on the internet? Yes No
3. Was turnover in the last year greater than 20%? Yes No
4. Are there any undisputed and unpaid workers' compensation premiums due from the Firm or a commonly managed or owned enterprise? Yes No
5. Is the applicant engaged in any other type of business? Yes No
6. Is the radius of operations over 200 miles requiring overnight stays? Yes No
7. Is there any work sublet without certificates of insurance? Yes No
8. Is a formal safety program in operation? Yes No
9. Is there any group transportation provided by the Firm? Yes No
10. Are there any employees under the age of 16 or over the age of 60? Yes No
11. Are there any seasonal employees? Yes No
12. Is there any volunteer or donated labor? Yes No
13. Are there any tax liens or bankruptcy within the past 5 years? Yes No
14. Do employees travel out of state? Yes No
15. Does the Firm have a return-to-work program for their employees? Yes No
16. Does the Firm have a hiring procedure in operation? Yes No
17. Was prior coverage ever declined/cancelled/non-renewed? Yes No
18. Are employee health plans provided? Yes No
19. Is there a labor exchange with any other business or subsidiary? Yes No
20. Does the Firm lease employees to or from other employers? Yes No
21. Do any employees of the Firm work predominantly from home? Yes No

To the best of my knowledge, these responses are accurate, true, and complete

Signed: _____ **Date:** _____

After the form is completed, please fax or email it back to us.

Fax: 800-720-5349

Email: Mail@MaloneyLLC.com

