

Workers' Compensation Insurance Premium Indication Request



FOR MEMBERS OF THE CALIFORNIA PHARMACISTS ASSOCIATION

401656w

Return completed application to LH.Admin@getamba.com or mail to: AMBA, P.O. Box 5256, Des Moines, IA 50306.

Member Information

Member Name: _____

Pharmacy Name: _____

Address: _____

City: _____ State: **CA** Zip: _____

Phone: (_____) _____ Fax: (_____) _____

e-mail Address: _____ Contact: _____

Workers' Compensation *For information and a premium indication, please include the following:*

Present Workers' Compensation Carrier: _____

Policy Renewal Date: _____ Current Pharmacy Rate (Per \$100): _____

Number of Employees: Full time _____ Part Time _____ Annual Employee Payroll: \$ _____

Are any officers included in annual payroll above?..... Yes..... No

If yes, to be excluded?..... Yes..... No..... If yes, exclude from above payroll: \$ _____

If incorporated, do you wish coverage for yourself? Yes No **NOTE: All officers who do not own stock must be covered.**

Years in Business _____ Individual Partnership Corporation
 Joint Employers Limited Corporation "S" Corporation

Is the sum of the following operations less than 25% of your total office payroll? Yes No N/A

• Health Care Screenings • Nursing Activities • Home Health Care • Deliveries (*Except Closed Door Pharmacies*) • Heavy DME Rental & Delivery

Is group medical insurance provided? Yes No Company: _____

Do you deliver? .. Yes .. No Frequency:.... Daily .. Weekly .. Other # of Vehicles _____ # of Drivers: _____

If yes, percent of time drivers spend delivering: _____ %

Additional Programs

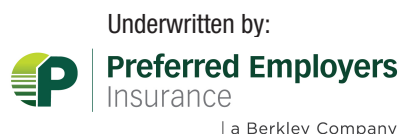
Please send me information on these additional sponsored programs:

Medical: Individual Long Term Disability Business Owners Package
 Small Group (2 – 50) Long Term Care Professional Liability
 Large Group (51+) Level Term Life Auto & Homeowners

Signature:

I authorize AMBA to obtain a Workers' Compensation insurance premium indication(s) on my behalf:

Signature: _____ Date: _____



Program Administered by Association Member Benefits & Insurance Agency • CA Insurance License #0196562

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