

WORKERS' COMPENSATION INSURANCE

Please complete the requested information below for your Workers Compensation Insurance Policy. Infotax Square representative will begin processing your order upon receipt of payment.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

CONTACT INFORMATION (This is where we will ship your documents)

First Name: _____

Last Name: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Phone: (_____) _____ - _____

Fax: (_____) _____ - _____

BUSINESS OVERVIEW

Type of Entity: _____

Name of Entity: _____

DBA/Assumed Name: _____

State of Formation: _____

Date of Formation: _____ (mm/dd/yyyy)

Employer ID Number: _____

Unemployment Tax ID (if any): _____

Address: _____ (if different from the above)

Suite/Apt: _____

City, State, Zip: _____

County: _____

OFFICERS/DIRECTORS INFORMATION

OFFICER 1

Full Name: _____

Title: _____

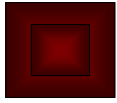
Residence Address: _____

City, State, Zip: _____

Phone, Fax: _____

Duties: _____

Annual Salary: _____



OFFICER 2

Full Name: _____

Title: _____

Residence Address: _____

City, State, Zip: _____

Phone, Fax: _____

Duties: _____

Annual Salary: _____

OFFICER 3

Full Name: _____

Title: _____

Residence Address: _____

City, State, Zip: _____

Phone, Fax: _____

Duties: _____

Annual Salary: _____

Do you want to exclude officers: Yes No

INSURANCE INFORMATION

Requested effective date of Insurance: _____ (mm/dd/yyyy)

Number of Employees: _____

Total Annual Salary: _____

Number of Locations to be covered under Worker Compensation: _____

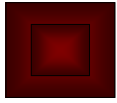
Have you ever been insured for worker compensation Insurance: Yes No

*If 'Yes' fill out the information.

Name Of Insurer: _____ Year: _____

Policy Number: _____ Annual Premium: _____

Reason for Cancellation: _____



Have you ever been in business under different name: Yes No

*If 'Yes' fill out the information.

Entity Name: _____ DBA/Assumed Name (if any): _____

Employer ID Number: _____

Nature of business, describe in detail:

ORDER INFORMATION (For Pricing click here)

Infotax Square fees for getting quotation for Workers? Compensation Insurance:	_____
Note: <i>If you agree to the quotation and would like to apply for it additional Infotax Square fees \$200.00 + annual premium for the policy (which will be paid to your insurance carrier) will be charged.</i>	

CARDHOLDER INFORMATION

Check (payable to INFOTAX SQUARE): Mail to: 109-13 Centerville Street, Suite 3R, Ozone Park, NY 11417

CREDIT CARD: This authorizes Infotax Square to charge my credit card for filing Certificate of Incorporation.



Card Type: Visa Master Card American Express Discover

First Last Name: _____

Billing Address: _____ City, State, Zip _____

Phone, Fax: _____

Card Number: _____ Expiration Date: _____

Country: _____

General Comments / Instructions:

TERMS OF USE AGREEMENT & DISCLAIMER (Click Here For Online)

The undersigned hereby represents and warrant that he/she duly authorizes Infotax Square to charge his/her credit card for the above services rendered.

Name / Signature

Official Use Only - Prepared by: _____

You can mail the form at:

Infotax Square
109-13 Centerville Street, Suite 3R
Ozone Park, NY 11417

Fax at: 718-732-2471

