



NW Automotive Trades Assn.

WORKERS' COMPENSATION QUICK QUOTE FORM

Group Discount Requires Membership



Contact Person: _____

Company Name: _____

Address: _____

Phone: _____

Fax: _____

Federal I.D. Number: _____

Length of time in business: _____

Business Status is: Corporation Partnership Individual

Owners of Business: Name & Title % of Ownership

Do owners take workers' comp coverage? Yes No

Which of these do you have: Written Safety Programs Health Insurance Drug Testing

Workers' Comp Renewal Date: _____

Current Workers' Comp Carrier: _____

Current Policy Number: _____

Experience Mod: _____

| Class Code | Estimated Annual Payroll |
|------------|--------------------------|
| | |
| | |
| | |
| | |

We will need a four year loss / claims report.

Please get this from your current carrier; they should be able to fax it to you.

Return Quick Quote Form to:

Northwest Automotive Trades Association
7391 NE Halsey Street, #212
Portland, OR 97213-6700

Fax: 503-253-9890
www.aboutNATA.org