# Workers' Compensation Insurance Premium Indication Request

AMBA

**FOR MEMBERS OF THE CALIFORNIA OPTOMETRIC ASSOCIATION** 300656w

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

## Member Information

Member Name: _____

Practice 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 _____

Current Rate (Per $100) _____ Policy Renewal Date _____

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

Are any officers/partners 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 <u>not</u> own stock <u>must</u> be covered.**

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

Is group medical insurance provided? .... ☐ Yes ..... ☐ No If Blue Cross, Group # _____

## Additional Programs

Please send me information on these additional sponsored programs:

- ☐ Medical
  - ☐ Individual
  - ☐ Small Group (2–50)
  - ☐ Large Group (51+)
- ☐ High Deductible Health Plans (for HSAs)
- ☐ PPO
- ☐ HMO
- ☐ Professional Liability
- ☐ Business Owners Package
- ☐ Cyber Liability
- ☐ Level Term Life
- ☐ Long Term Care
- ☐ Long Term Disability
- ☐ Business Overhead Expense
- ☐ Dental
- ☐ Auto & Home

## Signature:

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

Signature: _____ Date: _____

Sponsored by:

Underwritten by:
TheZenith® A FAIRFAX Company
Zenith Insurance Company
ZNAT Insurance Company

Administered by:
AMBA

Association Member Benefits & Insurance Agency
P.O. Box 5256
Des Moines, IA 50306

CA Insurance License #0I96562

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