

Alaska's Best Payroll Solution Inc.

Many payroll needs, one BEST solution!

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Workers Compensation Quote Request

| | | | |
|---|--------------------------|----------------------------|---------------------|
| Company | | Years-In-Business | # of Employees |
| Contact | | Phone # | |
| Email | | | |
| Address | | | |
| City | | State | Zip |
| Payroll Frequency | | 1 st Check Date | |
| Federal Employer ID # | | | |
| Entity Type Sole Proprietor <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> | | | |
| Current WC Insurance Carrier/Policy Number | | | <i>Renewal Date</i> |
| Any losses in the last 5 years? Yes / No | | | |
| Workers Class Code | Estimated Annual Payroll | | |
| | | | |
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