

# Alaska's Best Payroll Solution Inc.

Many business 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 <sup>st</sup> Check Date |                     |
| Federal Employer ID #   |                          |                            |                     |
| Entity Type<br>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 |                            |                     |
|   |                          |                            |                     |
|   |                          |                            |                     |
|   |                          |                            |                     |
|   |                          |                            |                     |