



Program serviced by Brignole and Ghiri Insurance
Serving California for over 90 years

Account Details

Company Legal Name: _____

#1 Primary Location: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone #: _____ Email: _____

Annual Revenue: \$ _____ FEIN# _____ Effective Date _____

Experience Mod _____

Business Details

Business Description: HARDWARE STORE (5251)

Entity Type: _____ Year of Incorporation: _____ Number of Employees: _____

Brief Description of Operations: _____

#2 Additional Location: _____

City: _____ State: _____ Zip Code: _____

#3 Additional Location: _____

City: _____ State: _____ Zip Code: _____

#4 Additional Location: _____

City: _____ State: _____ Zip Code: _____

Loss History

Have there been any losses in the previous 5 years? Yes No

If yes, need 5 years of loss runs

Payroll Information

Class Code	Payroll \$	# Full Time EMPL.	#Part Time EMPL.	Location #