

P.O. Box 29502 #69121 | Las Vegas, NV 89126 | P: (858) 618-1648 | F: (858) 618-1655 | cresinsurance.com

Return Application To: _____ Fax: _____ CRES Member #: _____

General Information:

Insured Name: _____

DBA Name (s): _____

Entity Type: Individual Partnership ☐ Joint Venture ☐ Corporation ☐ LLC ☐ Other: _____

Location 1 Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

E-Mail Address: _____

For any additional locations: Please provide a completed questionnaire for EACH location:

Effective Date: _____ Federal Employer ID #: _____ Years in Business: _____

Yes ☐ No Do you offer a health plan to your employees/ind. Contractors?
If Yes, what health care provider? _____

Yes No Are you a member of the NFIB (National Federation of Independent Business)?
If Yes, what is your NFIB membership number? _____

Yes No Are you engaged in any other business?
If yes, please explain: _____

Yes No Do any employees/independent contractors predominantly work at home?

Yes No Any tax liens or bankruptcy within the last 5 years?

Yes No Do you employ any minors(under age 18)?

Yes No Do you have any prior/current workers compensation insurance? **If Yes, answer the questions below:**

Who is your current insurance carrier? _____

When do you expire? _____ How many years have you been insured? _____

Any claims in the past 5 years? Yes ☐ No **Please provide loss run report for all years insured.**

Class Codes:

Use a separate page for additional / other class codes

Separate employees and payroll for each location and CLASS CODE

8741 - REAL ESTATE SALES ONLY

of Full Time Employees & Agents: _____ # of Part Time Employees & Agents: _____

Estimated Annual Remuneration (including ind. contractor/agent commissions as required by law): \$ _____

8743 - MORTGAGE BROKERING ACTIVITIES ONLY

of Full Time Employees & Agents: _____ # of Part Time Employees & Agents: _____

Estimated Annual Remuneration (including ind. contractor/agent commissions as required by law): \$ _____

8810 - CLERICAL ONLY

of Full Time Employees: _____ # of Part Time Employees: _____ Estimated Annual Payroll: \$ _____

9011 - On-Site Property Management/Operation: Apartment or Condominium complex Operation

of Full Time Employees: _____ # of Part Time Employees: _____ Estimated Annual Payroll: \$ _____

8740 - OFF-Site Property Management/Operation: Apartment or Condominium complex Operation

of Full Time Employees: _____ # of Part Time Employees: _____ Estimated Annual Payroll: \$ _____

What types of properties are owned or managed? _____

Yes ☐ No ☐ Do you employ any armed security guards?

Yes ☐ No ☐ Are major repairs/landscaping subcontracted with certificates of insurance obtained?

Yes ☐ No ☐ Do you conduct any window washing above 1 story?

Partners, Officers & Owners

List all partners, officers & owners – indicate if they are to be included or excluded. If not indicated, all partners & officers will be included. All partners, officers & owners included will be subject to the wcirb's minimum/maximum Payroll guidelines. You must list the president, secretary and treasurer if applicable. Sole proprietors are excluded unless included by endorsement

Name: _____ Title/Relationship: _____

Ownership %: _____ Annual Payroll/Commissions: \$ _____

Include ☐ Exclude

Name: _____ Title/Relationship: _____

Ownership %: _____ Annual Payroll/Commissions: \$ _____

Include ☐ Exclude

Name: _____ Title/Relationship: _____

Ownership %: _____ Annual Payroll/Commissions: \$ _____

Include ☐ Exclude

Name: _____ Title/Relationship: _____

Ownership %: _____ Annual Payroll/Commissions: \$ _____

Include ☐ Exclude

Signature: _____ Title: _____ Date: _____