

PO Box 29502 #69121 | Las Vegas, NV 89126 | P: (858) 618-1648 | F: (858) 618-1655 | [cresinsurance.com](http://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: \_\_\_\_\_