

Worker's Compensation Application

Name: _____

Phone Number: _____

Location & Mailing Address: _____

Current Work Comp Carrier: _____

Any Claims or Losses: _____

Total Number of Employees: _____

Total Estimated Employee Payroll: _____

Limit of Work Comp Coverage Needed: _____

Lovsted~Worthington
Jason Kunz, CIC
403 N. Market Blvd.
P.O. Box 1226
Chehalis, WA 98532
360-748-0051
jason@lovstedworthington.com