



DP INSURANCE AGENCY INC.

忠興保險

LICENSE # OB-75174

1130 S. SAN GABRIEL BLVD. SAN GABRIEL, CA 91776

TEL: 877-292-6608 FAX: 626-292-6606

Worker's Compensation Questionnaire

Applicant Name: _____

Contact Person: _____

Mailing address: _____

Telephone#: _____

Fax#: _____

Email: _____

Web: _____

Years in Business: _____ Individual Partnership Corp. Inc.

Federal Employer ID number: _____

Property / Operation Location:

Description of operations:

Ownership:

Name:	Title	Ownership %

Prior Insurance Number (3 years):

Insurance Company	Policy Number
2016-2017:	
2015-2016:	
2014-2015:	

Rating Information:

Class Code	Duty Description	Annual Payroll	# of Full-time Employees	# of Part-time Employees

Please fill out and fax back to us at 626-292-6606.
If you have any question, please feel free to call. Thank you!