

MATSIF UNDERWRITING DATA SHEET

Business Name: _____ Contact Person _____

Location Address: _____ Email: _____

Additional
Locations:

Mailing Address:

Telephone Number: _____ Fax: _____ FIN _____

Business Structure: Sole-Proprietorship _____ Corporation _____ Partnership _____ LLC _____ LLP _____

Current Carrier: _____ Experience Mod. _____ Renewal Date: _____

<i>Name of Owner(s)</i>	<i>Ownership %</i>	<i>Payroll if Included in Coverage</i>	<i>Excluded from Coverage</i>

<i>No. Employees</i>	<i>Class Code</i>	<i>Gross Payroll</i>	<i>Section 125 Deductions</i>

Notes: