

5Star Submission Checklist- WORKERS' COMP PROGRAM - CA

*Please include this coversheet with each submission

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|--|-------------------------------|
| Submit To: 5Star Workers' Compensation Services | |
| E-Mail: | workcompsf@5StarSP.com |
| FAX: | 415.352.0225 |
| Submission From: | |
| Agency Name: | |
| Agency Phone No.: | |
| Agency Fax No.: | |
| Agency Contact Name: | |
| Agency Contact Phone No.: | |
| Agency Contact E-Mail: | |
| Comments: | |

Before sending your submission, please use this checklist to ensure you have included all required documentation.

For faster service, please include a copy of this completed form.

Documentation Required To Quote

- ACORD 130 completed with FEIN, years of business, number of employees per class, detailed description of operations, and general information questions with explanation of "yes" answers
- 4 years currently valued, legible loss runs (valued within 90 days of effective date)
- Supplemental Application Form
- Any additional pertinent information to help us understand and underwrite your risk (Examples include: sales brochures, website information, details of operations)

Failure to include copies of all requested information may result in delay of processing and/or immediate rejection of this submission. Please contact Richard Bowers (415.645.5420) with any questions.