

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: