



RISSE INSURANCE AGENCY

3525 Hyland Ave, Suite 255
Costa Mesa, Ca. 92626
877-501-3283 fax 877-901-1850
Lic# 0D95597

Workers Compensation

Request for proposal

Company Name _____

Address _____

Phone # (____) _____ Fax # (____) _____

Contractors License # _____ Date Firm Established _____

How many work comp claims have been made in the past 12 months _____

Current Payroll Provider _____ Monthly Cost _____

W.C. Class Code	Estimated payroll	# of employees	Current Work Comp Rate

PLEASE FAX BACK ALONG WITH YOUR SIGNED REQUEST FOR LOSS RUNS ON
YOUR COMPANY LETTERHEAD TO 877-901-1850