

Fax Cover Sheet

	Contact Information
To: Kent Moody National Insurance Services PO Box 21638 Hilton Head, SC 29925 (800) 690-0045 Toll Free	From: _____
RE: Work Comp Rate Quote	Name: _____
Fax: (843) 689-9128	Federal ID #: _____
<u>Kent.Moody@NationalInsuranceSrv.com</u>	Phone: _____
Pages: 1	Fax: _____
	Email: _____
	Corp Sole Proprietor Partnership LLC (Circle one)
	Yrs. in Business W-2 1099

Rating Information

Class Code _____	Estimated Payroll _____
Class Code _____	Estimated Payroll _____
Class Code _____	Estimated Payroll _____
Class Code _____	Estimated Payroll _____
Class Code _____	Estimated Payroll _____

NCCI Experience Modification _____ ☐ Not Rated

****Information received from this South Carolina Workers Compensation Insurance request form will be for our use only and will not be sold, given to or distributed to any other parties. A Price Indication will be based on the rating information provided and does not guarantee acceptance of the risk by us. The precise coverage afforded is subject to meeting underwriting guidelines, and the terms, conditions and exclusions of the policy as issued. By submitting this request you acknowledge that this is neither an offer to insure nor a guarantee of insurance. Completion of this form does not entitle your business to a South Carolina Workers Compensation Insurance policy.**