

## Policy Review Form

Your WCF policy is currently being reviewed for your upcoming renewal. It is very important that we have current and accurate information about your business to provide you with the best possible renewal proposal. Please complete both pages of this form and return it to us within **15 days** by mail or email to [uw@wcf.com](mailto:uw@wcf.com). Continue to make all payments as invoiced.

Policy Number

Please print or type

1 Business Name	
Give Exact and Full Name	Years in Business

2 Business Contact Information			
Street or P.O. Box			Business Telephone No.
City	State	Zip Code	Fax Number
Federal Tax ID Number	E-Mail Address		

3 Payroll Records Location   <i>Check if Same as Business Contact</i>			
Street Address			Payroll Telephone Number
City	State	Zip Code	Name of Person to Contact

4 Names and Addresses of All Utah Locations (use additional page if necessary)				
Name or DBA	Location Address (Not PO Box)	City	Zip Code	Number of Employees

5 Nature of Business   Description of Operations

6 Ownership Information			
Type of Ownership			
Sole Proprietor	Partnership	Corporation	Trust
Joint Venture	Limited Liability Co.	Association	
Limited Partnership	Government	Other _____	

**7 Owner | Officer**

List Below Complete Information For: Sole Proprietor | Partners | Limited Liability Member | Corporate Officers

Name (Last, First, Middle Initial)	Title	% of Ownership	S.S.N.	Coverage Desired?	Principle Duties
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	

**8 Comments**

Print or Type Name and Title of Owner, Partner or Corporate Officer	Signature of Owner, Partner or Corporate Officer	Date
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**Thank You!**  
**We Appreciate Your Business.**

WCF Insurance  
 Attn. Underwriting Department  
 100 West Towne Ridge Parkway  
 Sandy, Utah 84070

If you have any questions, please call (385) 351-8020  
 or (800)446-2667 ext. 8020

Fax: (385) 351-8166

**uw@wcf.com**

For your protection, Utah law requires the following to appear on this form:  
 Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in the state prison.