



WCF Mutual Insurance Company
Policy Review Form

Policy Number

We are currently reviewing your workers' compensation policy 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 fax to 385.351.8166. Continue to make all payments as invoiced.

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 Check if Same as Business Contact <input type="checkbox"/>			
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
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

8 Comments

Print or Type Name and Title of Owner, Partner or Corporate Officer	Signature of Owner, Partner or Corporate Officer	Date
---	--	------

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

www.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.