

BROWNYARD GROUP

21 Maple Avenue • PO Box 9175 • Bay Shore, NY 11706-9175
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WORKERS' COMPENSATION PROGRAM CHECKLIST

The Brownyard Group will be happy to consider your prospect for our Program upon review of the following mandatory items:

- Completed**, Signed ACORD Workers' Compensation Application
(Must be completed in its entirety)
- Completed**, Signed Brownyard Workers' Compensation Program Application (Attached)
- Four-Year, Company Issued, Hard Copy Loss Runs
- Copy of Most Current Experience Modification Worksheet (if applicable)
- Copy of Written Safety Program

Please allow at least 5 business days for a proposal

We look forward to receiving your submission however, failure to submit all information will result in a delay of a quote

ANY QUESTIONS, PLEASE CALL EXTENSION 115 OR 116