

# BROWNYARD GROUP

21 Maple Avenue • PO Box 9175 • Bay Shore, NY 11706-9175  
Call Toll Free (800) 645-5820 • in NY (631) 666-5050 • Fax: (631) 666-5723 • www.brownyard.com

## 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