



The Brokers Preferred Wholesale Solution

Workers' Comp - Medical Offices

For a complete submission, please include the following information:

- ACORD Application 130
- Business FEIN #
- 4 Years Currently Valued Loss History Regardless of Lapse in Coverage
 - If lapsed, provide date and reason
 - For new venture, provide date of first employee hire (loss runs not required)

If you don't see what you need or have any questions, please email your underwriter: Darby@CIDinsurance.com