



*The Brokers Preferred Wholesale Solution*

## **Workers' Comp - Warehouses**

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](mailto:Darby@CIDinsurance.com)