



# Pennsylvania Compensation Rating Bureau

United Plaza Building • Suite 1500  
30 South 17th Street • Philadelphia, PA 19103-4007  
(215)568-2371 • FAX (215)564-4328 • www.pcrb.com

## BUREAU INFORMATION QUESTIONNAIRE

FILE NO. \_\_\_\_\_

1. The following NAME(S) and LOCATION(S) appear on your policy. (Make necessary corrections)

F.E.I.N. # \_\_\_\_\_

2. Does your Company operate under any other name?  Yes  No If yes, give Company Name.

3. According to this bureau's records your Workmen's Compensation Insurance expired on \_\_\_\_\_

We have no record of coverage since your \_\_\_\_\_ Policy.

Policy Number \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiring \_\_\_\_\_

(Canceled \_\_\_\_\_ )

4. Please indicate the Insurance company, Policy Number and Effective Date of all Workmen's Compensation

Insurance Policies from \_\_\_\_\_ to present.

**INSURANCE COMPANY** \_\_\_\_\_

Policy Number \_\_\_\_\_ Effective Date \_\_\_\_\_

**INSURANCE COMPANY** \_\_\_\_\_

Policy Number \_\_\_\_\_ Effective Date \_\_\_\_\_

5. Please answer the following questions concerning your Company's present status.

Yes No

Is your Company operating with employees?

Is your Company operating without employees?

Is your company out of business?

If yes, what date did it cease operations in PA? (Month/Day/Year) \_\_\_\_\_

Was your company sold to another concern? If yes, what is the new concern's name?

What date did the ownership change take place? (Month/Day/Year) \_\_\_\_\_

How many employees were retained by this new concern? \_\_\_\_\_ out of \_\_\_\_\_ or \_\_\_\_\_ % retained.

6. Your Company's Phone Number - Area Code ( \_\_\_\_\_ ) \_\_\_\_\_

7. Questionnaire completed by (Your Name) \_\_\_\_\_ Title \_\_\_\_\_

8. Your Agents Name and Telephone Number. (Name) \_\_\_\_\_

Date \_\_\_\_\_ (Telephone Number) Area Code ( \_\_\_\_\_ ) \_\_\_\_\_

FORM MAY BE COMPLETED BY AGENT  
(PLEASE USE OTHER SIDE FOR ANY ADDITIONAL EXPLANATIONS)



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Dear Employer:

The Pennsylvania Compensation Rating Bureau is the workers compensation rating authority for the Commonwealth of Pennsylvania referred to in your workers compensation policy. This Bureau is authorized by the Pennsylvania Insurance Company Law of 1921, P. L. 682 and Act 44 of 1993, to obtain all pertinent information regarding your workers compensation insurance.

Section 305 of the Pennsylvania Workmen's Compensation Act, 77 P. S. 501, mandates all Pennsylvania employers to insure their workers compensation liability with any insurance company, mutual association or company, authorized to insure such liability in Pennsylvania, unless specifically exempted. Failure to so insure may result, after summary conviction, in a fine of not less than \$500 nor more than \$2,000, and costs of prosecution, or imprisonment of not more than one year, or both for each offense. Every day's violation is a separate offense.

In order to complete the Bureau's file concerning your workers compensation insurance, it will be necessary for you or your insurance agent to answer and return (self-addressed envelope enclosed) this confidential questionnaire within the next two (2) weeks. In the absence of a reply, it will be necessary for this Bureau to dispatch our field representative to your premises to survey the operations and interview an executive officer, partner, or owner.

Thank you in advance for your cooperation in this efficient method of completing our records.

### **POLICY COVERAGE**

### **EXTENSION 4424**