



Amerisafe, Inc

Lead Questionnaire

Date Received _____

Company Contact _____ Title _____

Company Name _____

Phone _____

Address _____
City, St _____ Zip _____

County/Parish _____

Line of Business _____

Estimated Annual Payroll _____ No. of Employees _____

Start-Up Business? Yes No

Current Workers' Comp Information _____

Current Agent/Agency

Current Carrier

Expiration Date

Please Check Box if you currently have **NO** Workers' Comp Coverage

***Please Note any special circumstances or information that would be helpful to Amerisafe below.**
