

ATA Comp Fund Renewal Quote Request

Email to Kim Campbell/ Kcampbell@atacompfund.org
or fax (334)-834-7931

Today's Date: _____

Renewal: Expiring Policy Number: _____

Effective Date: _____

Expiration Date: _____

Named Insured: _____

Mailing Address: _____

FEIN Number: _____

Risk ID: _____

Experience Mod: _____

Insured Contact Name: _____

Phone Number: _____

Fax Number (Optional): _____

Requested EL Limits: \$100/500/100
 \$500/500/500
 \$1,000/1,000/1,000

		Exposure Information		
State	Class Code	Description	Annual Payroll	# of Emp

Location Information

Location	Street	City, State	Zip Code
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Officer Information

Name	Title	Include/Exclude

Additional Named Insureds & FEIN Number:

Miscellaneous Notes:
