

# Company Contacts Verification

Please complete the information below to confirm your company contacts for questions and issues pertaining to your payroll and/or workers compensation policy.

Please contact your Account Manager at 844-761-8400 if you have any questions.

## General Information

Policyholder Name \_\_\_\_\_  
FEIN \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Main Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Company Website \_\_\_\_\_

## Company Contacts for Invoice Questions/Issues

Primary Contact Name	_____	Alternate Contact Name	_____
Office Phone Number	_____	Office Phone Number	_____
Cell Phone Number	_____	Cell Phone Number	_____
Fax Number	_____	Fax Number	_____
Email Address	_____	Email Address	_____

## Company Contacts for Payroll Questions/Issues

Check if same as above

Primary Contact Name	_____	Alternate Contact Name	_____
Office Phone Number	_____	Office Phone Number	_____
Cell Phone Number	_____	Cell Phone Number	_____
Fax Number	_____	Fax Number	_____
Email Address	_____	Email Address	_____

## Company Contacts for Policy Questions/Issues

Check if same as above

Primary Contact Name	_____	Alternate Contact Name	_____
Office Phone Number	_____	Office Phone Number	_____
Cell Phone Number	_____	Cell Phone Number	_____
Fax Number	_____	Fax Number	_____
Email Address	_____	Email Address	_____

## Company Contacts for Claims Questions/Issues

Check if same as above

Primary Contact Name	_____	Alternate Contact Name	_____
Office Phone Number	_____	Office Phone Number	_____
Cell Phone Number	_____	Cell Phone Number	_____
Fax Number	_____	Fax Number	_____
Email Address	_____	Email Address	_____

## Submitter Information

Completed by \_\_\_\_\_  
Title \_\_\_\_\_

Date \_\_\_\_\_  
Signature \_\_\_\_\_