

CompTrust AGC

Mutual Captive Insurance Company

Multi-State Check List

COMPANY _____

AGENT _____

PHONE _____ E-MAIL _____

- Completed Acord Application- including estimated payroll by class by code **by state**
- Current experience modification worksheets
- Website address/information, if applicable
- Summary of loss experience including incurred, paid, reserved, frequency- currently valued; 4 years plus current
- Actual loss runs- currently valued (per # of years above.)
- Separate list of large losses (excess of \$50,000) including description, DOI, Open or Closed, Claimant Name
- Historical payroll information- 4 years plus current; audited payroll amounts, if completed
- Current financial information- audited or unaudited
- Any Loss Control information completed over the past 12-18 months

For more information:

Please Contact Teresa Diamond tdiamond@affinityservicegroup.com ☎ 678-298-1889