



Request for quote

# Workers' Compensation Insurance

MDA Insurance has partnered with Frankenmuth Insurance Company to offer workers' compensation coverage, great service and discounted group rates to MDA members.

About your practice	
Practice name: _____	
Practice address (please include city, state and ZIP): _____	
Secondary practice addresses (if any): _____	
Federal Employer Identification Number (FEIN): _____	
Please contact me via: <input type="checkbox"/> Phone _____ <input type="checkbox"/> Email _____ <input type="checkbox"/> FAX: _____	
Clerical and/or office employees	
Number of <b>clerical/office</b> employees: _____	
Gross annual payroll for clerical/office employees: Primary location: \$ _____ Secondary location(s): \$ _____	
Clinical employees	
Number of clinical employees (NOT including officers or partners): _____	
Gross annual payroll for clinical employees: Primary location: \$ _____ Secondary location(s): \$ _____	
Corporate officers / partners (sole proprietors are not eligible)	
Gross annual payroll for corporate officers/partners (list each individually):	
Name / gross payroll: _____	\$ _____ gross annual payroll
Name / gross payroll: _____	\$ _____ gross annual payroll
Name / gross payroll: _____	\$ _____ gross annual payroll
Will the individuals listed above be included or excluded under the policy?	
<input type="checkbox"/> Included <input type="checkbox"/> Excluded (If excluded, separate, signed exclusion forms are required to be submitted)	
Janitorial, maintenance or custodial employees (if any)	
Number of <b>janitorial, maintenance or custodial</b> employees: _____	
Gross annual payroll for <b>janitorial, maintenance or custodial</b> employees:	
Primary location: \$ _____	Secondary location(s): \$ _____
Current carrier	
Name of current carrier*: _____ Annual premium: _____	

*\*If possible, please include a copy of your current policy with this request form*

Email your completed request form to: [commins@mdaifg.com](mailto:commins@mdaifg.com)

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