## Workers' Comp - Hotels/Motels

For a complete submission, please include the following information:
$\square$ ACORD Application 130

## ■Business FEIN \#

$\square 4$ Years Currently Valued Loss History Regardless of Lapse in Coverage

- If lapsed, provide date and reason
- For new venture, provide date of first employee hire (loss runs not required)

If you don't see what you need or have any questions, please email your underwriter: Darby@CIDinsurance.com

Please submit completed application to:
submissions@cidinsurance.com
Attn: Darby Fisher
or fax to (619) 593-2008
Any questions, please call (800) 922-7283

