## Request A Comparison

## www.pgmnv.com | info@pgmnv.com

Pro Group appreciates the opportunity to provide you with a no obligation cost savings analysis. This is the first step in taking control of your workers' compensation program, risk management, safety in the workplace and much more. Please complete & return this form to your Account Executive, Michelle Ferrise by faxing to (866) 439-9641. If you have any questions contact Michelle for assistance at MichelleFerrise@pgmnv.com or by calling (702) 366-5457.

COMPANY INFORMATI	ON		
Company Name:			
DBA:			
Type: 🗆 Individual 🗆 Co	prporation $\square$ Partnership $\square$ S $0$	Corporation 🗆 LLC 🗆 No	n-Profit   Other:
Primary Physical Address:			
City:		State:	Zip:
Primary Mailing Address (if diffe	erent than physical):		
City:		State:	Zip:
Phone:		Fax:	
Website:			
Contact Name:		Title:	
Cell Phone:		Fax:	
Email:			
Best Contact Time:		Best Contact Day:	
How did you hear about us?:			
CURRENT WORKERS' C	COMPENSATION		# H2A: # H2B:
Workers' Comp Provider Na	ıme:		Total Employees:
Annual Premium: \$	Policy Exp	ration Date: # of Years in Business:	
Description of Business:			
Current Class Codes	Current Rates	Description	Current Estimated Annual Payroll
Owner(s)	☐ Included	☐ Excluded	ish Cuarre
Current Experience Modifier (E-Mod):(NCCI I-800-622-4123)		Projected Start Date w	rith Group:
	_	OMMITTE	

## **Carson City Office**

575 S. Saliman Road, Carson City, NV 89701 (800) 859-3177 or (775) 887-2480

Las Vegas Office

195 E. Reno Avenue, Suite C, Las Vegas, NV 89119 (800) 480-1846 or (702) 740-4380

Elko Office

557 W. Silver Street, #206, Elko, NV 89801 (775) 753-7771





## FOR ACCOUNT EXECUTIVE USE ONLY:

Scan the QR code with your
Smartphone for instant acces
to our Pro Group website