

**MISSOURI RURAL SERVICES WORKERS'  
COMPENSATION INSURANCE TRUST**  
P.O. BOX 104268, JEFFERSON CITY, MO 65110-4268  
Phone: 800-726-9304 -Extension 210 or 216  
Fax: 573-635-7645

**QUOTE PROCEDURE SHEET  
2008/2009**

- 1. Acord Application - include number of employees by class.**
- 2. Premium and Total Payroll for 02-03, 03-04, 04-05, 05-06, 06-07, 07-08**
- 3. Current Value Loss Runs for 02-03, 03-04, 04-05, 05-06, 06-07, 07-08**
- 4. Experience Modification Worksheet, if applicable.**
- 5. Description of Safety Program.**
- 6. Copy of Written Safety Program - accounts \$25,000 & Over.**
- 7. Verification of Health Insurance.**
- 8. Need Detailed Explanation on All Claims in Excess of \$50,000.**
- 9. Employee Concentration Supplemental Application - required on any account with more than 100 employees.**
- 10. Cities Only - Do any mutual aid or contractual agreements exist? If yes, please describe.**