

## Workers Compensation Feasibility Study Worksheet

Please complete and email to [MOFIRESAFETY@gmail.com](mailto:MOFIRESAFETY@gmail.com)

Agency Name:		
Agency Address:		
Number of Employees:	Number of Career Firefighters:	Number of Volunteer Firefighters:
Current Workers Compensation Carrier:		
Workers Compensation Policy Date:	Current Workers Compensation Annual Premium:	
Agency Contact Person's Name:	Contact Person's Phone Number:	
Contact Person's Email Address:		
PLEASE EMAIL THE COMPLETED FORM TO <a href="mailto:MOFIRESAFETY@gmail.com">MOFIRESAFETY@gmail.com</a>		