

## 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 [MOFIRESAFETY@gmail.com](mailto:MOFIRESAFETY@gmail.com)