



# Workers Compensation 2009

Church \_\_\_\_\_

District \_\_\_\_\_

GCFA # \_\_\_\_\_

Billing Address \_\_\_\_\_

(Contact Person)

(Street or PO Box)

(City, State, Zip)

(Phone #)

Email \_\_\_\_\_

Fed ID# \_\_\_\_\_

CODE	DESCRIPTION	PAYROLL AMOUNT	RATES PER \$100 OF PAYROLL
8868	Clerical/Clergy/Professional Salaries	_____	\$0.49
8869	Day Care	_____	\$0.89
9101	All Other – Janitorial	_____	\$3.05

*These should be the actual costs from your 2008 W-2 forms and the total should match to your W-3 filed with the IRS for 2008 data. If you did not file a W-2 for a specific employee they will not have worker's compensation coverage*

Does your church currently have Worker's Compensation Coverage Insurance? \_\_\_\_\_

If yes, what is your policy expiration date? \_\_\_\_\_

Please return this completed form to:

Bill Rowland  
Shafer Insurance Agency  
1100 Marion St., Ste 100  
Knoxville, Tn 37921

Office 865.292.1133

Fax 865.637.2247

email: browland@shaferinsurance.com