

PAYMENT POLICY & STAFF CONTACT INFORMATION FORM

This Form must be completed in full and returned to the Trust immediately upon binding of policy

Company Name: _____

The Trust Payment Policy is as follows:

- Deposit Premiums for new and renewal policies are due prior to policy effective date
- All remaining premium installments and audit premiums are due within 30 days of the invoice date
- All delinquent premiums are subject to a one percent (1%) finance charge per month.
- Accounts are subject to cancellation if payment is not received when due
- In the event of a default in payment, the member is responsible to pay all collection and attorney fees.
- For "Pay as you Go" customers, the account is subject to cancellation if payroll is not reported within 5 days of pay date or if funds are not available for payment to the Trust as scheduled.

Acceptance of the Payment Policy is required of all Trust members. The signature below confirms that you have read and accepted this Payment Policy for the duration of your membership in the Trust.

Name (please print)

Signature

Title

Date

Please provide contact information for company staff in the following areas.

Administration (President/CEO/Executive Director)

Name: _____
Title: _____
Phone: _____
Fax: _____
Email: _____

Invoicing/Billing/Accounting Contact

Name: _____
Title: _____
Phone: _____
Fax: _____
Email: _____

Claims Contact (Will work with our Claims Adjuster)

Name: _____
Title: _____
Phone: _____
Fax: _____
Email: _____

Workers' Compensation Policy Audit Contact:

Name: _____
Title: _____
Phone: _____
Fax: _____
Email: _____

Loss Control / Safety / Risk Management Contact

Name: _____
Title: _____
Phone: _____
Fax: _____
Email: _____

Notice to Employees Posting Notice Contact:

Title or Department Name (not person's name)
St. Addr.
(No P.O. Box) _____
City/St/Zip _____
Phone _____

Any questions, call 203-678-0123. Return completed form to lcadmin@wctrust.com or fax to 203-678-0323