

## BrickStreet Eligibility Review Form

Please complete and return this page

Mail: 2220 Washington Street East  
Suite 1  
Charleston, WV 25311

Fax 304-342-5177 & 877-408-0703

\_\_\_\_\_ My West Virginia Worker's Compensation policy is  
With BrickStreet  
Policy Number \_\_\_\_\_  
Expiration date \_\_\_\_\_

\_\_\_\_\_ I hold a valid WV Contractors License  
License Number \_\_\_\_\_  
Expiration date \_\_\_\_\_

Type of License/Nature of Work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Yes, I wish this information to be reviewed by BrickStreet to  
determine my eligibility for the Group Discount..

Signature \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_