



THE PEOple Company
Client Underwriting & Onboarding Submission Packet

Where People Power Business

Applicant Information:

Company:				Date:		
Owner Name:				Eff Date:		
	Last	First	M.I.			
Address:				Phone:		
	Street address			Apt/Unit #		
	City			State, Zip Code		
FEIN:						
Year(s) in Business:						
States Operating In:						
Broker Name:						

Broker Information (if any):

Broker Name: _____

Workers' Compensation Profile:

Description of Operations: _____
Scope of Work: _____

Workers' Compensation Payroll by Code Information

Employee Job Description:	Total Weekly Payroll:	Total # of Employees:	State/Code:

Current & Previous Coverage Information

Policy Term:	Total # of Claims:	Total # of Employees:	Claim \$ Incurred:
CURRENT POLICY TERM			
PREVIOUS YEAR 1			
PREVIOUS YEAR 2			
PREVIOUS YEAR 4			
PREVIOUS YEAR 5			

General Risk & Operations Disclosure:

Yes No Explanation

Own, operate, or lease aircraft/watercraft?

Exposure to chemicals, lead-based paint, hazardous materials?

Work under, on, or above water?

Work subject to Jones Act, USL&H, or FELA?

Work underground or over 15 ft above ground?

Excavation, tunneling, road boring, earth moving?

Any fatalities in past 5 years?

Any other business operations not described?

Employees travel out of state or country?

Group travel or ride-sharing programs provided?

Vehicle radius exceeds 200 miles?

MVRs checked on all drivers?

Written safety program in place? (Attach copy)

OSHA inspection in past 3 years?

OSHA citations?

OSHA fines?

General Risk & Operations Disclosure:

Yes No Explanation

Subcontractors used?

Roofing work performed?

Prior coverage declined/cancelled/non-renewed in past 3 years?

Do you perform work with height exposure? (If yes, please provide maximum height worked in explanation)

Commercial Work? (If yes, please provide percentage of total work performed in explanation)

Residential Work? (If yes, please provide percentage of total work performed in explanation)

Workers' Compensation Loss History Affidavit

I, _____, do hereby verify and swear that (Company Name) _____ has incurred _____ injuries within the last 36 months.

Please list the injuries and the costs incurred in the table below for the last 36 months:

(Note: If there are no injuries, write N/A in the table below.)

Current & Previous Coverage Information			
Policy Term:	Total # of Claims:	Total # of Employees:	Claim \$ Incurred:
CURRENT POLICY TERM			
PREVIOUS YEAR 1			
PREVIOUS YEAR 2			
PREVIOUS YEAR 4			
PREVIOUS YEAR 5			

Explanation Required:

If an individual claim exceeds >\$15,000.00

By signing below, I attest that the claims information provided is accurate to the best of my knowledge. I further attest that no outstanding premiums are owed to any Professional Employer Organization or insurance carrier.

Company Name:

Signature:

Title:

Date:

