



THE PEOple Company

Client Underwriting & Onboarding Submission Packet

Where People Power Business

Applicant Information:

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

Broker Information (if any):

Broker Name:	_____
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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?	<input type="checkbox"/>	<input type="checkbox"/>	
Exposure to chemicals, lead-based paint, hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>	
Work under, on, or above water?	<input type="checkbox"/>	<input type="checkbox"/>	
Work subject to Jones Act, USL&H, or FELA?	<input type="checkbox"/>	<input type="checkbox"/>	
Work underground or over 15 ft above ground?	<input type="checkbox"/>	<input type="checkbox"/>	
Excavation, tunneling, road boring, earth moving?	<input type="checkbox"/>	<input type="checkbox"/>	
Any fatalities in past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	
Any other business operations not described?	<input type="checkbox"/>	<input type="checkbox"/>	
Employees travel out of state or country?	<input type="checkbox"/>	<input type="checkbox"/>	
Group travel or ride-sharing programs provided?	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle radius exceeds 200 miles?	<input type="checkbox"/>	<input type="checkbox"/>	
MVRs checked on all drivers?	<input type="checkbox"/>	<input type="checkbox"/>	
Written safety program in place? (Attach copy)	<input type="checkbox"/>	<input type="checkbox"/>	
OSHA inspection in past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	
OSHA citations?	<input type="checkbox"/>	<input type="checkbox"/>	
OSHA fines?	<input type="checkbox"/>	<input type="checkbox"/>	

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 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:

