



Client Profile





Workers' Compensation Information Sheet

Company Name: _____

Contact Person: _____

Phone: _____ Fax: _____

Scope of Work: _____

Total Number of Employees _____ Total Weekly Payroll _____

Clerical Workers _____ Clerical Payroll _____ Current Code _____

Field Workers _____ Field Payroll _____ Current Code _____

Supervisors _____ Supervisor Payroll _____ Current Code _____

Current Carrier _____ Renewal Date _____

Policy Type (check one) Stand Alone Employee Leasing

Number of Claims in the Past 3 years _____ Total \$ Amount of Claims _____



Client Company Profile

NAICS Code: _____ Add- on Date: _____ Attn: _____

Client #: _____ Marketing Rep: _____ State UCT Tax #: _____

Client Name: _____ FEIN # _____

DBA: _____ Contractors Lic #: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Owner's Name: _____ Phone: _____

Years in business: _____ NCCI ID: _____

Key Contact: _____ Safety Contact: _____

Type of business Sole Prop. Corporation Non-Profit L.L.C P.C. L.L.P. Partnership

Description of Operations: _____

List States operating in: _____

Employee Information (A Separate Payroll run may be provided. Provide complete information for each location.)

Hazard Group	Class Code	Rate	Number of EEs	Duties	Annual Payroll

General Liability Expiration Date: _____ Copy of GL Certificate Attached _____



Workers' Compensation History

(Attach current loss runs and explanations of all claims over \$15,000)

Year	Carrier	Policy #	Premium	Mod	# of Claims	Paid Losses	O.S. Reserves

I attest that the claims information is, to the best of my knowledge, correct. I also attest that no outstanding premiums are owed to any other Professional Employer Organization or insurance carrier.

Signature & Title: _____ Date: _____



General Subscriber Information

YES NO If Yes, Please Explain

Does applicant own, operate or lease any aircraft/watercraft?			
Any past, present, or discontinued operations, which involve exposure to chemicals, lead based paint, or hazardous materials?			
Any work performed under, on, or above water?			
Any work which may be subject to Jones Act, USL&H or FELA?			
Any work performed underground or higher than 15 feet above ground level?			
Any operations include excavation, tunneling, road boring, earth moving, or other underground work?			
Any fatalities in the past five years?			
Is applicant involved in any business other than specified in the description of operations?			
Do employees travel out of state or out of the country? If so, scope of travel?			
Are any group travel or ride-sharing programs provided?			
Does the radius of operations vehicles exceed 200 miles			
Are MVRs checked on all drivers?			
Is a written safety program in place? (Attach a copy) If a program is in place, what is the schedule of safety meetings?			
Has applicant been inspected by OSHA in the past three years?			
Was applicant cited for any violations?			
Was applicant fined? If so, how much?			
Are any subcontractors used? (If yes, what percentage of work is subcontracted? Also, what type of work is performed, are there any climbers or bucket trucks used.			
If any roofing work is performed, is any hot tar or hot mops used? What percentage of all work performed?			
Please provide the percentages of commercial and residential work.			Commercial % Residential %
Any prior coverage declined, cancelled, or non-renewed in the past three years?			

Signature _____ Date _____



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 NONE in the table below.)

Year of Claim	Name of Injured	Amount of Claim	Describe Injury	Open/ Closed

Please explain if an individual claim amount exceeds \$15,0000.00

Company Name: _____

Signature: _____ Date: _____

Title: _____

****This affidavit must be submitted with the New Client Profile Sheet when loss runs are not available, but only if currently with a PEO or this is a new business. ****