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? |  |  |  |
| Id a written safety program in place? (Attach a copy) If a program is in place, wat 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. \*\***

**Itemized Fee Sheet**

**Item: Fee:**

**Early Certificate $150**

This refers to certificate of workers’ compensation issued prior to the first payroll.

**Wavier of Subrogation (WOS) $250**

This is a special certificate. This fee is a standard cost and is a pass-through cost to our insurance provider.

**Reporting Payroll Late $25**

We want to get every payroll done correctly and on time. Minimum, we need your payroll reported 48 hours prior to processing on your pay date. We prefer is 72 hours prior. If you report payroll the day before your pay date you will be charged $25.

**NSF x1 $50**

We ACH your account for your invoiced payroll. If you, “bounce” (NSF), the fee is $50 plus 110% of your bounced payroll. Funds and fees are de within 72 hours of NSF.

**NSF x2 $100**

A second NSF incurs a fee of $100 plus 110% of payroll and you are required to wire money on future transactions with us. Funds and fees are due within 72 hours of NSF. *Example: You NSF $1,000. You wire $1,100.*

**Minimum Processing fee $50**

If your payroll runs more than 25% less than your projected amount, we will increase the price in order to cover costs. *Example: Your payroll is quoted at $104,000. Each week it is anticipated that we will see $2,000. If we see less than $750, then we add $50 to the invoice.*

**Non-Reporting of Payroll or Reporting Zero Payroll $100**

This means that there is no payroll to report. This is permitted on a per case basis and communication in advance is preferred, so we understand the reason and weather you intend to continue to move forward with imperative.

**I have read, understand and agree to the above fees. By signing, I also acknowledge that I have read, understand and agree that it is expressly forbidden for Imperative Personnel employees to be instructed by me or by me company to work outside of reported payroll periods.**

**Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**