PEO SOURCE

WE ARE YOUR ADVOCATES TO THE PEO INDUSTRY.

Corporate Office Orlando, FL • (561) 635-0991 **or** (954) 294-1432 • Fax (561) 828-6128 • www.peo-source.com

New Business Application

SIC CODE_____Add-on Date_____Attn: _____

Client #_____Marketing Rep_____State UCT Tax #_____

_____

dba Fed. Tax ID

_____

Physical Address Contractors Lic#

_____

City, State Zip Code NCCI ID

_____

Mailing Address City State/Zip

_____

Owners Name Phone Yrs in Business

_____

Key Contact Safety Contact Fax

_____

Type of business: ☐ Sole Prop. ☐ Corp ☐ Non-Profit ☐ L.L.C. ☐ P.C. ☐ L.L.P. ☐ Partnership

Desc. 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.

_____ _____

Signature & Title Date

Phone Survey Comments _____

_____

General Subscriber Information **(Please provide details for all "yes" answers)**

	Yes	No
Does applicant own, operate or lease aircraft/watercraft?	☐	☐
Any past, present or discontinued operations, which involve exposure to chemicals, painting, 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, roadboring, earth moving, or other underground work?	☐	☐
Any operations involve exposure to radioactive/nuclear materials?	☐	☐
Any fatalities in the past five years?	☐	☐
Is applicant involved in any business other than that specified in the description of operations?	☐	☐
Does employee turnover exceed 30% annually?	☐	☐
Do employees travel out of state or out of the country? If so, scope of travel?	☐	☐
Any group travel, ride-share programs, or tool or vehicle allowances provided?	☐	☐
Are physicals required after offers of employment are made?	☐	☐
Does the radius of operations vehicles exceed 200 miles?	☐	☐
Are MVRs checked on all drivers?	☐	☐
Is a "managed care" provider utilized?	☐	☐
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? If so, explain.	☐	☐
Was applicant fined? If so, how much?	☐	☐
Is a drug testing program in effect? (Attach a copy)	☐	☐
Is an early return/light duty program in place?	☐	☐
Does applicant "full pay" during periods of disability or reduced work?	☐	☐
Are any subcontractors used?	☐	☐
If "yes," are all subcontractors and their employees insured for Worker's Compensation?	☐	☐
Does applicant keep copies of their Certificates of Insurance?	☐	☐
Any prior coverage declined, canceled or non-renewed in the past three (3) years?	☐	☐
What percentage of employees are enrolled in a group health plan?		

Signature_____ Date_____

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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:

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

Note: If there are no injuries, write NONE in the table above.

Explanation if an individual claim amount exceeds $15,000.00.

_____

_____

_____

Company Name: _____

Signed by: _____Date: _____

Title/Position: _____

Note: This affidavit must be submitted with the New Client Profile Sheet when run losses are not available.

Any person who knowingly and with intent to injure, defraud, or deceive and insurer files, statement of claim, or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers compensation coverage or conceal information pertinent to the computation and application of an experience rating modification factor, is guilty of a felony of the third degree or as otherwise punishable as provided under the law.