

PEO Supplemental Application

Prospective Insured: _____

Primary Insured Contact: _____ Phone: _____

Email: _____ Website: _____

Date of Incorporation: _____

Premium, Payroll and Experience Mod History

Please fill in the correct amount for each of the following (Please include current NCCI Worker's Compensation Experience Rating Worksheets):

	Expiring Year	Prior (1)	Prior (2)	Prior (3)	Prior (4)
Premium					
Payroll					
Experience Mod					

Affiliations and Associations

Are you a member or affiliated with any of the following associations? (Please check all that apply)

- National Association of Professional Employer Organizations (NAPEO)
- Professional Administrative Co-Employers (PACE)
- Employer Services Assurance Corporation (ESAC)
- State or Local Chapters: _____
- Other: _____

Client Information

1. Describe the evaluation process for potential clients: _____

2. At what point does an applicant for your client become a co-employee?: _____
3. At what point are the client's exposures re-evaluated?: _____
4. Do any of the clients have exposure to Maritime operations subject to the USL&H Act, the Admiralty Law or Outer Continental Shelf Lands Act? Yes No
If yes, please provide details: _____

5. Do any of your clients have exposure to the following Acts: Migrant and Seasonal Agricultural Worker Protection Act, Federal Employers' Liability Act, Federal Coal Mine Health & Safety Act, Defense Base Act? Yes No
If yes, please provide details: _____

6. Do you or any of your clients have foreign travel exposure? Yes No
If yes, provide details concerning countries, duration and number of employees: _____
7. Do you accept temporary staffing agencies as clients? Yes No
8. Do you provide group transportation? Yes No
9. Do any clients work in excess of 25 feet? Yes No
10. Average Number of New Clients added annually?: _____

Client Exposure Breakdown (List the number of clients and the total number of employees you have for each industry.)

	# of Clients	# of Employees
Light Industrial:		
Heavy Industrial:		
Construction (Trade):		
Construction (General):		
Wholesale / Retail:		
Clerical (Professional):		
Clerical (General):		
Medical:		

Total # of Full-Time Office Staff: _____

Profile of the Five Clients with the Highest Number of Employees You Provide:

Customer Name	Description of work performed by your employees	Class Code	State	Payroll	Clients # of Employees	# of Temp Employees:

Additional Information

- 1 Total Number of current clients: _____ 2. Total number of current co-employees: _____
- 3 Class code with the highest amount of: *Payroll:* _____ *Losses (\$):* _____
- 4 Please list class codes currently being utilized that have co-employees in driver positions: _____
- 5 As it relates to driving exposures, how often are MVRs obtained and reviewed for acceptability? _____
Do you have written acceptability guidelines in place for MVRs? Yes No
- 6 Are any of the co-employees required to wear dust, respirators or use SCBA? Yes No
If yes, please provide details: _____
- 7 Do any of the client locations employ 100 or more workers at any single location? Yes No

Employee Screening

Does your New Hire Program include the following:	Details:
1. Formal written job application. <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Criminal Background Checks. <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Reference checks. <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Motor Vehicle checks on drivers. <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Job experience & placement certification requirements. <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Pre-employment physicals. <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Pre-employment drug testing. <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Probationary period. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Minimum Experience Requirements. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Any additional information. <i>(If yes, provide details.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Safety Management By Applicant

Does your Safety program include the following:	Details:
1. Written Safety Plan. <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Full time safety director. <i>(If yes, provide name and title.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Safety committee <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Accident investigation. <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Employer provided safety equipment. <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Employee training for lifting, ergonomics, universal precautions. <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Loss Control/Safety incentives. <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Random drug testing program. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Claims Management And Reporting

Does your Claims Management program include the following:	Details:
1. Full time claims manager. <i>(If yes, please provide name and title)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Claims fraud investigator. <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Established injury reporting procedures. <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Require all WC claims to be reported within 24 hrs. <input type="checkbox"/> Yes <input type="checkbox"/> No	

5.	Drug testing after an injury occurs. <i>(If yes, provide details on procedure.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	A process to identify claims frequency and claims trends.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Mid-term monitoring and reporting of trends in claim frequency and severity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	Formal light/transitional duty or early return to work program? <i>If a client does not have work available for workers released to restricted duty, what occurs?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant Signature

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to provide the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the Company reserves the right to modify or withdraw any offer for insurance.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

Applicant Name: _____

Applicant Signature: _____ **Date:** _____

Producer Signature: _____ **Date:** _____



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