

## Client Company Profile

NAICS Code: \_\_\_\_\_ Add-on Date: \_\_\_\_\_ Attn: \_\_\_\_\_

Client #: \_\_\_\_\_ Marketing Rep: \_\_\_\_\_ State UCT Tax #: \_\_\_\_\_

Client Name: \_\_\_\_\_ Fed. Tax ID: \_\_\_\_\_

DBA: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Contractors Lic #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ NCCI ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Yrs in Business: \_\_\_\_\_

Key Contact: \_\_\_\_\_ Safety Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

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?	<input type="checkbox"/>	<input type="checkbox"/>	
Any past, present or discontinued operations, which involve exposure to chemicals, lead based paint, or hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>	
Any work performed under, on, or above water?	<input type="checkbox"/>	<input type="checkbox"/>	
Any work which may be subject to Jones Act, USL&H, or FELA?	<input type="checkbox"/>	<input type="checkbox"/>	
Any work performed underground or higher than 15 feet above ground level? (If Yes, detail max. height and max. depth)	<input type="checkbox"/>	<input type="checkbox"/>	
Any operations include excavation, tunneling, road boring, earth moving, or other underground work?	<input type="checkbox"/>	<input type="checkbox"/>	
Any fatalities in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	
Is applicant involved in any business other than that specified in the description of operations?	<input type="checkbox"/>	<input type="checkbox"/>	
Do employees travel out of state or out of the country? If so, scope of travel?	<input type="checkbox"/>	<input type="checkbox"/>	
Are any group travel or ride-sharing programs provided?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the radius of operations vehicles exceed 200 miles?	<input type="checkbox"/>	<input type="checkbox"/>	
Are MVRs checked on all drivers?	<input type="checkbox"/>	<input type="checkbox"/>	
Is a written safety program in place? (Attach a copy) If a program is in place, what is the schedule of safety meetings?	<input type="checkbox"/>	<input type="checkbox"/>	
Has applicant been inspected by OSHA in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>	
Was applicant cited for any violations? (If Yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	
Was applicant fined? If so, how much?	<input type="checkbox"/>	<input type="checkbox"/>	
Are any subcontractors used? (If Yes, what percentage of work is subcontracted? Also, what type of work is subcontracted?)	<input type="checkbox"/>	<input type="checkbox"/>	
If any tree trimming work is performed, are any climbers or bucket trucks used?	<input type="checkbox"/>	<input type="checkbox"/>	
If any roofing work is performed, is any hot tar or hot mops used? (If Yes, what is the percent of all work performed?)	<input type="checkbox"/>	<input type="checkbox"/>	
Please provide the percentages of commercial and residential work.	Commercial %		Residential %
Any prior coverage declined, cancelled or non-renewed in the past three (3) years? (If Yes, please provide details.)	<input type="checkbox"/>	<input type="checkbox"/>	

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 are 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 \$15,000.00 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Position: \_\_\_\_\_

**\*\*\* 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 new business. \*\*\***

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.