

Client Company Profile

DBA:		Contractors Lic#:		Fed Tax ID:	
Physical Address:		City, State:		NCCI #	
City, State:		Zip Code:		ZIP CODE	
Mailing Address:		City, State:		ZIP CODE	
Owners Name:		Key Contact:		Safety Contact:	
Phone:		Alternate Phone:		Fax:	
Yrs in business:					

Type of Business: Sole Prop. Corp. Non-Profit LLC
 LLP Partnership Desc. of Operations:

List states Operating in:	
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Employee Information (A separate Payroll run may be provided. Provide complete information for each location.)

Hazard Group	Class Code	Desired Rate	# of EEs	Duties	Annual Payroll
FORMTEXT					

General Liability Expiration Date FORMTEXT Copy of GL Certificate Attached FORMTEXT

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
03-04							
02-03							
01-02							

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

12. Any group travel, ride-

General Subscriber Information (Please provide details for all “yes” answers)

IF ANY OF THESE ARE MARKED “YES”, PLEASE EXPLAIN	Yes	No
1. Does applicant own, operate or lease aircraft/watercraft? (WHAT)		
2. Any past, present or discontinued operations which involve exposure to chemicals, painting, or hazardous materials? (EXPLAIN)		
3. Any work performed under, on, or above water?		
4. Any work which may be subject to Jones Act, USL&H, or FELA?		
5. Any work performed underground or higher than 15 feet above ground level? (HOW HIGH? WHY?)		
6. Any operations include excavation, tunneling, roadboring, earth moving, or other underground work?		
7. Any operations involve exposure to radioactive/nuclear materials?		
8. Any fatalities in the past five years?		
9. Is applicant involved in any business other than that specified in the description of operations? (WHAT)		
10. Does employee turnover exceed 30% annually?		
11. Do employees travel out of state or out of the country? If so, scope of travel? (WHERE DO THEY GO?)		

22. Any group travel guidelines implemented to control vehicle allow the past three (3) provided?		
13. Are physicals required after offers of employment are made?		
14. Does the radius of operations vehicles exceed 200 miles?		
(HOW FAR? WHY?)		
15. Are MVRs checked on all drivers?		
16. Is a “managed care” provider utilized?		
17. Is a written safety program in place? (Attach a copy) If a program is in place, what is the schedule of safety meetings?		
18. Has applicant been inspected by OSHA in the past three years?		
19. Was applicant cited for any violation? If so, Explain. (EXPLAIN)		
20. Was applicant fined? If so, how much? (HOW MUCH?)		
21. Is a drug testing program in effect? (Attach a copy)		
22. Is an early return/light duty program in place?		
23. Does applicant “full pay” during periods of disability or reduced work?		
24. Are any subcontractors used?		
25. If “yes,” are all subcontractors and their employees insured for Worker’s Compensation?		
26. Does applicant keep copies of their Certificates of Insurance?		

