



## New Client Information Form

|                       |   |                              |  |
|-----------------------|---|------------------------------|--|
| Name                  |   | Today's Date                 |  |
| Address               |   | Phone                        |  |
| Address 2             |   | Fax                          |  |
| City/State/Zip        |   | Email Address                |  |
| Contact               |   | Title                        |  |
| Year Business Started |   | State Unemployment Account # |  |
| Contract Date         |   | Effective Date of WC         |  |
| FEIN Number           |   | Multi Location               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Corporation Type      | <input type="checkbox"/> C- Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC- Limited Liability Corp <input type="checkbox"/> Partnership <input type="checkbox"/> I-Sole Proprietor <input type="checkbox"/> Non Profit |                              |  |

How is payroll performed?  In House  Leasing Company  With Payroll Service Whom? \_\_\_\_\_

Do you require: Departments?  Yes  No      Employee Numbers?  Yes  No      Project Codes?  Yes  No

Do you need: Vacation Tracking?  Yes  No      Specific Reporting needs?  Yes  No

| Payroll Information      |   |
|--------------------------|---|
| Pay Period Starts        | <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday |
| Pay Period Ends          | <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday |
| Pay Frequency            | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly  |
| Pay Type                 | <input type="checkbox"/> Current Week <input type="checkbox"/> One Week Behind  |
| Check Date is on         | <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday   |
| Payroll Received Via     | <input type="checkbox"/> Fax <input type="checkbox"/> Web <input type="checkbox"/> E-mail <input type="checkbox"/> Gatekeeper Import <input type="checkbox"/> Other   |
| Timesheets Needed        | <input type="checkbox"/> Yes <input type="checkbox"/> No      Timesheets to be printed by <input type="checkbox"/> Department <input type="checkbox"/> Alphabetical   |
| Invoice Totals Given Via | <input type="checkbox"/> Fax <input type="checkbox"/> Phone. Payroll Totals to be given only to:  |
| Payroll Contact          | Name: _____ Direct Line: _____  |

**Note: All payrolls will be paid via ACH. Please complete our attached ACH agreement.**

| Additional Premise Information |         |             |     |
|--------------------------------|---------|-------------|-----|
| Location/ Building #           | Address | City/ State | Zip |
|                                |         |             |     |

| Pack & Delivery Information                       |  |
|---|--|
| Pack Checks by Location, Department, Alphabetical | <input type="checkbox"/> Yes <input type="checkbox"/> No    Deliver Via <input type="checkbox"/> FedEx <input type="checkbox"/> Courier <input type="checkbox"/> Pick-Up |
| Checks Sent Attention to:                         | <input type="checkbox"/> Main Office <input type="checkbox"/> Each Location <input type="checkbox"/> Other   |
| Reports Sent Attention to:                        | <input type="checkbox"/> Main Office <input type="checkbox"/> Each Location <input type="checkbox"/> Other   |

| Payroll Services Interested In                                     |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Internet Payroll                          | <input type="checkbox"/> Time Clock Services | <input type="checkbox"/> Job/ Department Costing Reports    | <input type="checkbox"/> Vacation Accrual and tracking |
| <input type="checkbox"/> Provide Out of Cycle Checks (\$35.00 Fee) | <input type="checkbox"/> Payroll Attachments | <input type="checkbox"/> Print Client Messages on Paychecks | <input type="checkbox"/> Other                         |

Are there any current garnishments?  Yes  No    If "Yes", please provide copies of docket information.

Are you currently offering benefits? If so, which benefits:  Medical  Dental  Vision  Life Insurance  Other Ancillary

Do you have any people currently off work and receiving workers' compensation benefits?  Yes  No

Do you have a "Return to Work/ Light Duty" program for returning injured workers set in place?  Yes  No

## Workers' Compensation

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS ON PREMISES** (Elaborate on past, present, and future jobs. Describe Specific activity of all employees.)

|                    |  |                                   |  |
|--------------------|--|-----------------------------------|--|
| Current WC Carrier |  | Number of Claims > 25K            |  |
| Current Mod        |  | Number of Claims >100K            |  |
| Current Deductible |  | Certificates of Insurance Needed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Current Workers' Compensation Codes Used

| State/ Location | WC Code | WC Description | # of FT/PT | % of payroll | Estimated Annual Payroll |
|-----------------|---------|----------------|------------|--------------|--------------------------|
|                 |         |                |            |              |                          |
|                 |         |                |            |              |                          |
|                 |         |                |            |              |                          |
|                 |         |                |            |              |                          |

Claims History Information (Please indicate if "none.") **Must provide copy of Loss Runs & Prior Aggregate Loss Experience**  
List all claims in excess of \$10,000.00 in this section

| Policy Year | Provider | Premium | # Of Claims | # Of Open Claims | Total Paid Claims | Open Reserves | Total Incurred |
|-------------|----------|---------|-------------|------------------|-------------------|---------------|----------------|
|             |          |         |             |                  |                   |               |                |
|             |          |         |             |                  |                   |               |                |
|             |          |         |             |                  |                   |               |                |
|             |          |         |             |                  |                   |               |                |

**GENERAL INFORMATION** (Check box which applies.)

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| Y                        | N                        | N/A                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1. Is the applicant a subsidiary of another entity or have any subsidiaries?
2. Is the applicant engaged in any other type of business?
3. Does the applicant get involved in any of the following operations?
  - Dam Construction, including cofferdams and caisson building
  - Levee or breakwater construction
  - Testing for indoor air quality or offering opinions for remedial actions for indoor air quality.
  - Subway or Tunnel Construction
  - Landfills
  - Railroad construction
  - Blasting for others
  - Environmental/pollution work and/or job design
  - Asbestos abatement work and/or job design
  - Trucking-interstate or transporting or disposing of hazardous waste
  - Chemical, petrochemical process, oil/gas well and nuclear work and/or engineering
  - Occupational disease exposure
  - Offshore drilling
  - Underground or coal mining of any type
  - Wrecking or demolition of structures, vessels or building exceeding two stories in height
  - Rocket or missile testing or launching
  - Phosphate work and fertilizer manufacturing
  - Sawmills or logging
  - Window cleaning in excess of two stories
  - Bridge construction or painting
  - Steel erection in excess of two stories
  - "A" rated classifications
  - Scaffolding-leasing, erection, or repair
  - Sand or gravel digging
  - Pesticide operations involving fumigation or tenting
  - Crane operators
  - Gasoline, oil, LPG dealers
  - Repossessing services

**GENERAL INFORMATION (Check box which applies.) *continued....***

| Y                        | N                        | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Does the risk have any future plans related to work involving apartments, condos, townhouses, tract homes, custom homes or homes of unusual design?          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Does the applicant own, operate, or lease aircraft/watercraft?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Is there exposure to flammables, explosives, or chemicals?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Are there past, present, or discontinued operations that involve storing, treating, Discharging, applying, disposing, or transporting of hazardous material? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Is work performed underground or above 15 feet?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Is work performed on Barges, vessels, docks, or bridges over water?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Is a formal safety program in operation?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Does the safety program include driver selection and training requirements?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Does the insured employs a full time safety director and has a written safety program?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Does the insured have a drug testing program?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Is group transportation is provided?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Are any employees under 16 or over 60 years of age?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Are there part time or seasonal employees?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Is there volunteer or donated labor?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Are there employees with physical handicaps?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Employees do not travel out of state?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Are physicals required after offers of employment are made?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Are employee health plans are provided?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Does the risk retain job files?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Is there current or past involvement with wrap-up/OCIP?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Are there residential wrap-ups?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Does the risk have a quality control program?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Are the risk's total revenues less then \$10 million?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Does the risk hire subcontractors?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. Does the risk obtain Certificates of Insurance from all subcontractors?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. Does the risk require all subcontractors to carry primary limits equal to or greater than their own?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. Is the risk named as additional insured on all sub-contractor's policies?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. Does the risk use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32. Does the insured verify that all subcontractors follow all industry requirements and applicable state and local codes?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33. Does the insured use hot tar in their business?   |

**1. Safety Programs**

|  |  |  |  |
|--|--|--|--|
| Do you supply employees with PPE?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have a written safety program?      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you conduct regular safety meetings?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have OSHA 300 logs available?       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you document unsafe acts?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you record number of injuries?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you train employees on equipment?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you record work days lost?              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a new hire safety orientation?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are Material Data Safety Sheets available? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you examine equipment condition?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have first aid kits visible?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a Drug Free Workplace  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have a DFWP policy?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "yes", what tests are performed? <input type="checkbox"/> Random <input type="checkbox"/> Post Accident <input type="checkbox"/> New Hire Screening <input type="checkbox"/> Reasonable Suspicion |  |  |  |

**VIII. OTHER ITEMS** - Please confirm that all these items are included with the completed application.

1. Completed Client Application and Worksheet or an Accord Application w/ Client worksheet for cover.
2. Narrative. **Must** be on Client Letterhead, describe past, present and future operations, contain annual sales (past, present, future) and **Must** be signed by the client.
3. Resume of owner and a business plan for the client.
4. **3 Years** Loss Runs. **Must be readable.**
5. Copy of previous Declaration Page or copy of previous audit if available.
6. 941 or SUTA report
7. N.C.C.I. Rating confirmation and/or worksheet

I declare that to the best of my knowledge the information provided in this application is true and acknowledge that the information in this Client Application will be supplied to the insurance company providing workers' compensation insurance coverage to Employee Professionals. I understand that any person who knowingly and with intent to defraud any insurance company or another 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 insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties.

[Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied.]

Completed by \_\_\_\_\_

Date completed \_\_\_\_\_

Submit to Intercoastal Payroll Solutions at 772-466-0410