



"A statewide firm with nationwide coverage devoted to providing payroll solutions to our distinct class of clients"

Owners Name or Corporate Name Proposed Effective Date

DBA Fed. Tax ID

Address

City, State Zip Code NCCI ID

Key Contact Phone Years in Business

Safety Contact Fax

Type of Business: Sole prop. Corp. Non-Profit L.L.C. P.A. Partnership

Description of operations _____

List states operating in: Florida

Worker's 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 professional Employer Organizations.

Signature _____

Date _____

Employee Information (A separate payroll run may be provided. Provide complete information for each location.)

Hazard Group	Class Code	Rate	# of EE's	Duties	Annual Payroll

General Liability Expiration Date _____

Copy of GL Certificate Attached _____

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 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 MVR's 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 Workers' 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 _____