



618 E. South Street, Ste 500, Orlando, FL 32801 • www.peomatch.com • phone 321.252.0424

New Business Application

SIC CODE: _____ Add-on Date: _____ Attn: _____

CLIENT #: _____ Marketing Rep: _____ State UCT Tax #: _____

dba _____ Fed Tax ID _____

Physical Address _____ Contractors Lic _____

City, State _____ Zip Code _____ NCCI ID _____

Mailing Address _____ City _____ State / Zip _____

Owner's Name _____ Phone _____ Years in Business _____

Key Contact _____ Safety Contact _____ Fax _____

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

Desc. 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.

Signature and Title _____ Date: _____

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

	Yes	No
Does applicant own, operate ore lease aircraft/watercraft?	<input type="checkbox"/>	<input type="checkbox"/>
Any past, present or discontinued operations, which involved exposure to chemicals, painting 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?	<input type="checkbox"/>	<input type="checkbox"/>
Any operations include excavation, tunneling, roadboring, earth moving, or other underground work?	<input type="checkbox"/>	<input type="checkbox"/>
Any operations involve exposure to radioactive/nuclear materials?	<input type="checkbox"/>	<input type="checkbox"/>
Any facilities 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"/>
Does employee turnover exceed 30% annually?	<input type="checkbox"/>	<input type="checkbox"/>
Do employee travel out of state or out of the country? If so, scope of travel?	<input type="checkbox"/>	<input type="checkbox"/>
Any group travel, ride-share programs, or tool or vehicle allowances provided?	<input type="checkbox"/>	<input type="checkbox"/>
Are physicals required after offers of employment are made?	<input type="checkbox"/>	<input type="checkbox"/>
Does the radius of operations vehicle exceed 200 miles?	<input type="checkbox"/>	<input type="checkbox"/>
Are MVRs checked on all drivers?	<input type="checkbox"/>	<input type="checkbox"/>
Is a "managed care" provider utilized?	<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 so, explain.	<input type="checkbox"/>	<input type="checkbox"/>
Was applicant fined? If so, how much?	<input type="checkbox"/>	<input type="checkbox"/>
Is a drug testing program in effect? (Attach a copy)	<input type="checkbox"/>	<input type="checkbox"/>
Is an early return/light duty program in place?	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant "full pay" during periods of disability or reduced work?	<input type="checkbox"/>	<input type="checkbox"/>
Are any subcontractors used?	<input type="checkbox"/>	<input type="checkbox"/>
If "yes," are all subcontractors and their employees insured for Worker's Compensation?	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant keep copies of their Certificates of Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Any prior coverage declined, canceled or non-renewed in the past three(3) years?	<input type="checkbox"/>	<input type="checkbox"/>
What percentage of employees are enrolled in a group health plan?	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____

Date: _____



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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.

Year of Claim	Name of Injured	Amount of Claim	Describe Injury	Open / Closed

Note: If there are no injuries, write NONE in the table above.

Explanation if an individual claim amount exceeds \$15,000.00.

Company Name: _____

Signed By: _____ Date: _____

Title/Position: _____

Note: This affidavit must be submitted with the New Client profile Sheet when run losses are not available.

Any person who knowingly and with intent to injure, defraud, or deceive and insurer files, statement of claim, or an applicant containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount or premiums for workers compensation coverage or conceal information pertinent to the computation on an experience rating modification factor, is guilty of a felony of the third degree or as otherwise punishable as provided under the law.