

Applicant Name: _____

Submission or policy number: _____

Do any of your PEO client companies provide services directly to the following business segments and/or groups?

Healthcare: Yes No

Senior Care: Yes No

Group Home, Developmentally Challenged: Yes No

Child Day Care (including before and after school care): Yes No

Children and/or adolescents (under 18): Yes No

Total number of **client companies** in one or more of the above business segments and/or groups: _____

Total number of **worksites employees** in one or more of the above business segments and/or groups: _____

If yes to any of the above, please explain (continue on a separate sheet if necessary):

NOTE: This supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct.

Signature

Date

Print name:

Title:

Agent Signature

Date

Print agent name:

Agent License Number:

Required in the state of Florida