

### DOCUMENTATION

Please provide all of the following with this application:

- Last four 941s (**Staffing agency only**)
- Current WC classifications for staffing placements and PEO client companies
- Currently valued loss runs for years not with a StaffPak program
- Audited financials (**PEO only**)

### APPLICANT INFORMATION

Applicant: \_\_\_\_\_

Risk manager's email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Effective date: \_\_\_\_\_

#### Projections for the next 12 months:

1. Corporate Employee Payroll ("in-house" employees only) \$ \_\_\_\_\_
2. Number of corporate employees ("in-house" employees only) \$ \_\_\_\_\_
3. Temp Staffing (W-2) + Contract Placement (1099) payroll \$ \_\_\_\_\_
4. Temp Staffing (W-2) + Contract Placement (1099) billable hours \$ \_\_\_\_\_
5. Number of PEO and ASO worksite employees \$ \_\_\_\_\_
6. PEO worksite payroll \$ \_\_\_\_\_
7. Revenue received as a Managed Service Provider \$ \_\_\_\_\_
8. Fees received from recruiting (search and placement) \$ \_\_\_\_\_

### CONTRACT CHANGES

9. Have you changed the contracts you use with your customers?  Yes  No

*If yes, submit updated copies.*

### PROPERTY CHANGES

10. Are there property changes?  Yes  No

*If yes, submit an updated property ACORD form.*

**AUTO CHANGES**

11. Has your PEO added any client company that is in the business of trucking or hauling?  Yes  No

Do you place temporary or contract workers in positions as drivers?  Yes  No

Do your temporary or contract workers drive customer's vehicles?  Yes  No

12. During the past 12 months, has any director, officer, manager, supervisor, partner or owner become aware of, or have any knowledge of, any circumstance or situation which could reasonably give rise to a claim against this insurance that has not already been reported?  Yes  No

**FRAUD NOTICE FOR ALL APPLICANTS**

Any person who, knowingly or with intent to defraud or to facilitate a fraud against any insurance company or other person, submits an application or files a claim for insurance containing false, deceptive or misleading information may be guilty of insurance fraud.

**FRAUD NOTICES FOR APPLICANTS OF SPECIFIC STATES**

**Notice to Alabama Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Notice to Arkansas, Louisiana, New Mexico, Rhode Island and West Virginia Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to District of Columbia Applicants:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**Notice to Kansas Applicants:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

**Notice to Kentucky Applicants:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

**Notice to Maine Applicants:** It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Notice to Maryland Applicants:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to New York Applicants:** Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Notice to Ohio Applicants:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Notice to Oklahoma Applicants:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Notice to Oregon and Vermont Applicants:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**Notice to Pennsylvania Applicants:** Any person who knowingly and with the intent to defraud any Insurance Company or other 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 such person to criminal and civil penalties.

**Notice to Tennessee, Virginia and Washington Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicant's Authorized Signature of a Principal, Partner or Officer:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print name: \_\_\_\_\_

Title: \_\_\_\_\_