

**RESIDUAL MARKET—WORKERS COMPENSATION INSURANCE PLAN
CLIENT SUPPLEMENTAL PROFESSIONAL EMPLOYER ORGANIZATION (PEO) APPLICATION**

Complete this form if you lease workers FROM a PEO and are requesting or have a workers compensation and employers liability policy for the non-leased workers. Attach this form to the application for the non-leased workers. Attach separate forms if necessary and/or as requested by the Plan Administrator or assigned carrier. The assigned carrier may contact the client to confirm exposure on the policy.

1. Legal Business Name of Employer _____
 Address _____
 FEIN _____ RISK ID _____

2. Name, address, and FEIN of each PEO leasing workers to you. (Exclude any temporary arrangements.)

3. Is there a written contract or other agreement with the PEO leasing workers to you? Yes No. If yes, attach a copy of the complete signed contract. If no, provide a description of the PEO arrangement on company letterhead signed by an executive officer, partner, LLC member, owner, or person authorized to legally bind coverage.

4. Is workers compensation insurance provided for the leased workers? Yes No. If no, provide an explanation. If yes, is a Certificate of Insurance furnished to you? Yes No. If yes, attach a copy of the Certificate(s). If a certificate of insurance is not available, provide the policy number, policy effective date, and name of carrier providing workers compensation coverage for the leased workers.

5. Completely describe the different kinds of operations that will be performed by the leased workers. Give a detailed description of the business and types of operations conducted. Attach a separate sheet if needed.

6. Based on the description in number 5 above, provide the following information for all leased workers. Attach a separate sheet if needed.

State	Location	Leased Worker Name	Class Code	Estimated Payroll

7. List the office address(es) where payroll records are kept for the leased workers and who maintains the records.

Name	Street	City	State	Zip	Phone #

8. To the best of your knowledge, do you have any outstanding workers compensation premium obligation or other monetary policy obligation (e.g. deductible program) on any previous workers compensation insurance that is not the subject of a bona fide premium dispute as defined in NCCI's **Residual Market Manual for Workers Compensation and Employers Liability Insurance, Workers Compensation Insurance Plan (WCIP) definitions** —Bona fide premium disputes? Yes No. If yes, list the amount owed and insurance carrier.

Employer Statement: The employer attests to the best of its knowledge and belief that all required and/or requested information is attached and accurate. The employer further attests that any and all changes to such information will be provided to the assigned carrier immediately. Failure to provide such information may result in policy cancellation.

9. Signer's Name and Title (print or type) _____
 10. Signature _____ Date _____
 (Must be signed by an executive officer, partner, LLC member, owner or person authorized to legally bind coverage)