

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

Complete this form if you provide or lease workers TO another entity. Attach this form to the application requesting coverage in your name. Attach separate forms if necessary and/or as requested by the Plan Administrator or assigned carrier.

1. Legal Business Name of PEO _____
Address _____ FEIN _____
Website Address _____ Risk ID _____
State of License # and/or Registration _____ License # _____
2. List by state each and every name and FEIN that the PEO has operated under in the preceding five years (including any alternative names, names of predecessors, and successor business entities). For each and every name, provide the policy number and name of carrier. If none, so state.
3. Attach a list of each and every person or entity that currently owns or formerly had ownership interest in the PEO or its predecessors, successors, or alternative entities in the preceding five years. Include the percentage of ownership for each person or entity and whether or not those parties are or were employed by or have any interest in another company. If none, so state.
4. For each person or entity identified in number 3 above, complete and attach a signed ERM-14 form for all other PEO's in which each such person or entity owns or had ownership interest, at the time of application, or in the preceding five years.
5. For each person identified in number 3 above, identify any other PEO or business in which these persons have common managing (or management) interest. Common managing (or management) interest exists when one or more individuals are or were owners or officers of, or perform or performed management functions for, two or more entities, or for a succession of entities.
6. Attach a list by state of each client, along with any other name(s) such client has operated under in the preceding five years. Include the address, FEIN, and phone number for each client. If none, so state.
7. Is there a written contract or other agreement with the client to which you are providing leased workers? Yes No. If yes, attach a copy of the complete signed contract for each client. If no, provide a description of the PEO arrangement for each client on company letterhead signed by an executive officer, partner, LLC member, owner or person authorized to legally bind coverage.
8. Are the leased workers to be covered under your workers compensation insurance policy? Yes No. If no, provide the policy number and name of carrier by client for each workers compensation insurance policy providing coverage for these workers.
9. Is the PEO required to be registered and/or licensed in this state with any governmental, administrative, and/or regulatory authority? Yes No. If yes, attach proof of registration and/or licensing.
10. To the best of your knowledge, do any of the clients listed 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 each client, the amount owed and insurance carrier.

PEO Statement: The PEO attests to the best of its knowledge and belief that all required and/or requested information is attached and accurate. The PEO 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. The PEO agrees to provide or cause to be provided to the assigned carrier claims and other information pertaining to each covered client as required to calculate each client's experience rating modification, if applicable.

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

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

Attach this form to the client application obtaining coverage for the 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 Client _____
 Client's Physical Address _____
 FEIN _____ Risk ID _____

2. For each PEO leasing or providing workers to the client provide the following:
 Legal Business Name and FEIN of PEO _____
 PEO's Current Workers Compensation Carrier _____
 Policy Number or current Assigned Risk Application ID Number _____
 Effective Date _____
 Website Address _____

3. Attach a list of each and every person or entity that currently owns, formerly owned or who had common managing interest in the client entity or its predecessors, successors or alternative entities in the preceding five years. Include the percentage of ownership for each person or entity and whether or not those parties are or were employed by or have any interest in another company. If none, so state.

4. 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.

5. Based on the description in number 4 above, provide the following information for all leased workers. Attach a separate sheet if needed.

State	Location	Leased Worker Name	Class Code	Estimated Payroll

6. 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 #

7. Attach a list with the policy number and carrier for each workers compensation insurance policy issued to the client for each and every name the client has operated under in the preceding five years. If none, so state.

8. Attach a list with the policy number, carrier, class code, duties and wages for each workers compensation insurance policy issued for the client's direct (non-leased) workers. If none, so state.

9. Is there a written contract or other agreement with the PEO providing the leased workers? Yes No. If yes, attach a copy of the signed contract with each PEO. 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.

10. To the best of your knowledge, does this client 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.

PEO Statement: The PEO attests to the best of its knowledge and belief, that all required and/or requested information is attached and accurate. The PEO 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. The PEO agrees to provide or cause to be provided to the assigned carrier claims and other information pertaining to each covered client as required to calculate each client's experience rating modification, if applicable.

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