

Fortune Business Solutions

Professional Employer Organization Services

New Account Application

ALL REQUESTED DATA IS REQUIRED FOR UNDERWRITING

BROKER: _____ DATE: _____

AGENT: _____ TEL: _____

CO. LEGAL NAME: _____

DBA: _____

ADDRESS: _____

COUNTY: _____

CONTACT: _____ TITLE: _____

CELL PHONE: _____ EMAIL: _____

OWNER: _____ TITLE: _____

CELL PHONE: _____ EMAIL: _____

OFC TEL: _____ FAX: _____ WEB: _____

FEIN: _____ TYPE BUS: (CORP, SOLE PROP) _____ YRS IN BUSINESS: _____

PAY FREQUENCY: _____ EMPLOYEE COUNT: _____

STATE	W/C CODE	DESCRIPTION	PAY CYCLE: wkly, hrly, mo	# OF EMPLOYEES		ESTIMATED ANNUAL PAYROLL PER CLASS CODE
				FT	PT	
TOTALS						

- ATTACH THE CURRENT WORKERS COMP DECLARATIONS PAGE & PREMIUM SCHEDULE - INCLUDING RATES, CLASS CODES & PREMIUM. IF WITH A PEO A COPY OF THEIR LAST PAYROLL REPORTS
- ATTACH THE CURRENT VALUED 3 YEAR WORK LOSS RUNS. THE RUN DATE CAN BE NO MORE THAN 30 DAYS FROM SUBMISSION
- ATTACH CURRENT NCCI WORKERS COMPENSATION EXPERIENCE RATING WORKSHEET.
- ATTACH 2 YEARS OF PLAN SUMMARIES FOR THE HEALTH INSURANCE. IF YOU WANT A HEALTH QUOTE
- ATTACH 2 YEAR RATE HISTORY FOR THE HEALTH INSURANCE , GROUP GMIQ, and EE PHIQ if necessary (5-25 enrolled)
- ATTACH AN EMPLOYEE CENSUS (NAME, DATE OF BIRTH, ZIP CODE, SEX, LEVEL OF COVERAGE)
- ATTACH DETAILED NARRATIVE STATING HISTORY & DESCRIPTION OF BUSINESS - INCLUDING TYPE OF WORK PERFORMED, MATERIALS & EQUIPMENT USED.
- ATTACH MOST RECENT QUARTERLY (SUTA) STATE EMPLOYMENT SECURITY REPORT (FOR EACH STATE).

COMPANY SIC CODE: _____ NAICS CODE: _____

COMPANY DESCRIPTION: _____

NEW ACCOUNT APPLICATION CONTINUED

CO. NAME:

Yes or No	Question
	Own / operate / lease aircraft or watercraft?
	Exposure to hazardous materials?
	Any work underground or above 15 ft?
	Barges, vessels, docks, bridges, over water?
	Engaged in other business?
	Are sub-contractors used?
	Sublet work without COI?
	Written safety program in operation?
	Group transportation provided?
	Employees under 16 or over 60?
	Seasonal employees?
	Volunteer or donated labor?
	Employees with handicaps?
	Travel out of state?
	Are athletic teams sponsored?
	Are pre-employment physicals required?
	Other insurance with this insurer?
	Prior w/c coverage declined / cancelled / non-renewed?
	Employee health plans provided?
	Labor interchange with other business?
	Lease employees to / from other employers?
	Employees predominately work at home?
	Any tax lien / bankruptcy in last 5 years?
	Undisputed and unpaid w/c premium due?

Ownership Breakdown	Title	% Ownership
Owner 1		0
Owner 2		0
Owner 3		0
Owner 4		0

INFORMATION PROVIDED BY: