



| a Berkley Company

Professional Employer Organization (PEO)

Supplemental Application

Employer Name: _____

Website: _____ Phone Number: _____

Primary Contact: _____ Email: _____

Date of Incorporation: _____

Premium, Payroll & Experience Mod History

Please fill in the correct amount for each of the following.
Include current NCCI Worker's Compensation Experience Rating Worksheets.

Category	Expiring Year	Prior (1)	Prior (2)	Prior (3)	Prior (4)
Premium					
Payroll					
Experience Mod					

Affiliations & Associations

Are you a member or affiliated with any of the following associations? *(Please check all that apply)*

- National Association of Professional Employer Organizations (NAPEO)
- Professional Administrative Co-Employers (PACE)
- Employer Services Assurance Corporation (ESAC)
- State or Local Chapters: _____
- Other: _____

Client Information

1. Describe the evaluation process for potential clients: _____

2. At what point does an applicant for your client become a co-employee? _____

3. At what point are the client's exposures re-evaluated? _____

4. Do any of the clients have exposure to Maritime operations subject to the USL&H Act, the Admiralty Law or Outer Continental Shelf Lands Act? Yes No

If yes, please provide details: _____



| a Berkley Company

Professional Employer Organization (PEO)

Supplemental Application

5. Do any of your clients have exposure to the following Acts: Migrant and Seasonal Agricultural Worker Protection Act, Federal Employers' Liability Act, Federal Coal Mine Health & Safety Act, Defense Base Act? Yes No

If yes, please provide details: _____

6. Do you or any of your clients have foreign travel exposure? Yes No

If yes, provide details concerning countries, duration and number of employees: _____

7. Do you accept temporary staffing agencies as clients? Yes No

8. Do you provide group transportation? Yes No

9. Do any clients work in excess of 25 feet? Yes No

10. Average Number of New Clients added annually? _____

Client Exposure Breakdown

List the number of clients and the total number of employees you have for each industry:

Industry	Number of Clients	Number of Employees
Light Industrial		
Heavy Industrial		
Construction (Trade)		
Construction (General)		
Wholesale / Retail		
Clerical (Professional)		
Clerical (General)		
Medical:		

Total number of full-time office staff: _____

Profile of the Five Clients with the Highest Number of Employees You Provide

Customer Name	Description of Work by Your Employees	Class Code	State	Payroll	Client's # of Employees	# Temp Employees

Additional Information

- Total number of current clients: _____
- Total number of current co-employees: _____
- Class code with the highest amount of:
Payroll: _____ Losses (\$): _____
- Please list class codes currently being utilized that have co-employees in driver positions:

- As it relates to driving exposures, how often are MVRs obtained and reviewed for acceptability?

Do you have written acceptability guidelines in place for MVRs? Yes No
- Are any of the co-employees required to wear dust, respirators or use SCBA? Yes No
If yes, please provide details: _____
- Do any of the client locations employ 100 or more workers at any single location? Yes No

Detailed PEO Overview

Employee Screening

- Does your New Hire Program include any of the following? *(check all that apply and provide details)*
 - Formal written job application _____
 - Criminal background checks _____
 - Reference checks _____
 - Motor vehicle checks on drivers _____
 - Job experience & placement certification requirements _____
 - Pre-employment physicals _____
 - Pre-employment drug testing _____
 - Probationary period _____
 - Minimum experience requirements _____
 - Additional information _____

Safety Management by Applicant

1. Does your Safety program include any of the following? *(check all that apply and provide details)*

Written safety plan

Full time safety director
(if yes, provide name & title)

Safety committee

Accident investigation

Employer provided safety equipment

Loss control/Safety incentives

Random drug testing program

Employee training for lifting,
ergonomics and universal precautions

Claims Management and Reporting

1. Does your Claims Management program include the following? *(check all that apply and provide details)*

Full time claims manager
(if yes, provide name & title)

Claims fraud investigator

Established injury reporting
procedures

Require all Workers Compensation
claims to be reported within 24 hours

Drug testing after an injury occurs
(If yes, provide details on procedure)

A process to identify claims frequency
and claims trends

Mid-term monitoring and reporting of
trends in claim frequency and severity

Formal light/transitional duty or early
return to work program? *(If a client does not
have work available for workers released to
restricted duty, what occurs?)*



Professional Employer Organization (PEO)

Supplemental Application

Applicant Signature

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to provide the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the Company reserves the right to modify or withdraw any offer for insurance.

Fraud Warning: 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 act, which is a crime and may subject such person to criminal and civil penalties.

Applicant Name: _____

Title: _____

Applicant Signature: _____

Date: _____

Producer Signature: _____

Date: _____