



New Account Application

Company Name: _____

Physical Address: _____

Contact Name: _____ Title: _____

Federal ID#: _____ Phone Number: _____

Fax Number: _____ Years in Business: _____

Industry (Description of Business): _____

Type of Company: "S" Corp. "C" Corp. Partnership Sole Proprietor LLC

Payroll Frequency Weekly Bi-Weekly Other _____

Class Code	Employee Turnover %	Number of Employees	Job Description	Average Pay Per Week

Are you currently using the services of a P.E.O.? Yes No

Which company? _____

- If yes, please include a copy of a current invoice.
- Also please include a copy of your company's Worker's Compensation loss report for the past 3 years (5 years preferred)

If you are not currently using a P.E.O., please include the following with this application:

- A copy of your current Worker's Compensation policy declaration page. (Showing class codes, Mod, and estimated payroll)
- A copy of your Worker's Compensation loss report for the past 3 years (5 years preferred)
- A copy of a recent state quarterly unemployment tax report (SUTA)