

HR Outsourcing, Inc. Client Company Profile Fax to 770-234-6057

General Business Information

Business Name:

DBA:

Fed Tax ID:

Physical Address:

Contractors
Lic#:

City, State:

NCCI ID

Mailing Address:

City, State:

Zip Code:

Owners Name:

Key Contact:

Safety Contact:

Phone:

Alternate Phone:

Fax:

Yrs in business

Type of Business:

Website:

Primary Email:

Owner, Officer, Individual Information

Name	Title	% Owner	Duties	Exc.?	Class Code	Annual Payroll
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Nature of Business/Description of Operation [Please be extremely specific]

Desc. of Operations:

List states Operating in:

Employee Information (A separate Payroll run may be provided. Provide complete information for each location.)

Hazard Group	Class Code	Desired Rate	# of EEs	Duties	Annual Payroll
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General Liability Expiration **Date** _____ Copy of GL Certificate Attached _____

Workers' Compensation History (Attach current loss runs and explanations of all claims over \$15,000)

Year	Carrier	Policy#	Premium	Mod	# of Claims	Paid Losses	O.S. Reserves
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SEE ATTACHED

I attest that the claims information is, to the best of my knowledge, correct. I also attest that no outstanding premiums are owed to any other Professional Employer Organization.

Signature & Title

Date

General Subscriber Information (Please provide details for all “yes” answers)

IF ANY OF THESE ARE MARKED “YES”, PLEASE EXPLAIN	Yes	No
1. Does applicant own, operate or lease aircraft/watercraft? (WHAT)		
2. Do/Have past, present or discontinued operations involve(d) exposure to chemicals, painting, flammables, explosives or hazardous materials? (EXPLAIN)		
3. Any work performed under, on, or above water?		
4. Any work which may be subject to Jones Act, USL&H, or FELA?		
5. Any work performed underground or above 15 feet from ground level? (HOW HIGH OR HOW DEEP?)		
6. Any operations include: excavation, tunneling, roadboring, earth moving, or other underground work?		
7. Any operations involve exposure to radioactive/nuclear materials?		
8. Any fatalities in the past five years?		
9. Is applicant involved in any business other than that specified in the description of operations, subsidiary or entity of another subsidiary? (WHAT)		
10. Does employee turnover exceed 30% annually?		
11. Any employees under 18 or over 60 years of age?		
12. Any part time or seasonal employees?		
13. Is there any volunteer or donated labor?		
14. Any employees with physical handicaps?		
15. Are athletic teams sponsored?		
16. Do employees travel out of state or out of the country? If so, scope of travel? (WHERE DO THEY GO?)		
17. Any group travel, ride-share programs, or tool or vehicle allowances provided?		
18. Are physicals required after offers of employment are made?		
19. Is there labor interchange with any other business/subsidiary?		
20. Do you lease employees to or from other employers?		
21. Do any employees predominantly work at home?		
22. Does the radius of operations vehicles exceed 200 miles? (HOW FAR? WHY?)		
23. Are MVRs checked on all drivers?		
24. Is a “managed care” provider utilized?		
25. Is a written safety program in place? (Attach a copy) If a program is in place, what is the schedule of safety meetings?		
26. Has applicant been inspected by OSHA in the past three years?		
27. Was applicant cited for any violations? If so, explain. (EXPLAIN)		
28. Was applicant fined? If so, how much? (HOW MUCH?)		
29. Is a drug testing program in effect? (Attach a copy)		
30. Is an early return/light duty program in place?		
31. Does applicant “full pay” during periods of disability or reduced work?		
32. Are any subcontractors used? (WHAT PERCENTAGE OF WORK IS SUBBED OUT)		
33. If “yes,” are all subcontractors and their employees insured for Worker’s Compensation?		
34. Are copies of certificates kept on file?		
35. Are subcontractors required to carry primary limits equal or greater than their own?		
36. Is applicant named as additional insured on all subcontractors policies?		
37. Does applicant use written subcontractors agreements containing hold harmless/indemnity agreements in favor of the applicant?		
38. Does the applicant verify that all subcontractors follow all industry requirements and applicable state and local codes?		
39. Does the applicant use hat tar in their business?		
40. Any prior coverage declined, canceled or non-renewed in the past three (3) years? (WHY?)		
41. Are employee health plans provided? (WHAT PERCENT?)		
42. Is there any current or anticipated debt for unpaid premiums owed to any previous workers’ compensation provider?		
43. Does the applicant get involved in any of the following operations: Dam construction (including cofferdams and caisson building), levee or breakwater construction, subway or tunnel construction, railroad construction, blasting, environmental/pollution work, asbestos abatement work, trucking-interstate or transporting or disposing of hazardous waste, chemical, petrochemical process, oil/gas well and nuclear work, occupational disease exposure, offshore drilling, underground or coal mining of any type, wrecking or demolition of structures, vessels or building		

exceeding two stories in height, rocket or missile testing or launching, sawmills or logging, window cleaning in excess of two stories, bridge construction or painting, steel erection in excess of two stories, scaffolding-leasing, erection or repair, sand or gravel digging, pesticide operations involving fumigation or tenting, crane operators, repossessing services?		
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Signature _____

Date _____

EXPLANATIONS

Please explain any yes questions in detail. Please write the number of the question you are answering and your answer below.

Empty box for providing explanations and answers to questions.