

Professional Employer Organization (PEO) New Client Form

Completion of this form does not guarantee coverage for this client. Underwriting must review and specifically approve each client.

PEO name: _____ Policy no.: _____
PEO name on signed agreement must match the name on the license.

Client name: _____ Location code: _____

Client entity type (corp., sole prop., etc.): _____ Client FEIN: _____

Client physical address: _____

Agreement date: _____ Number of covered employees: _____
Agreement date is the first day of the payroll period that the client above is a co-employer.

Client's experience modifier: _____ NCCI ID no.: _____ (attach a copy of worksheet)

Client classification codes and annual payrolls for covered employees:		
Class code	Description of operations	Payroll
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Professional Employer Organization (PEO)
New Client Form (continued)

Provide information below on covered corporate officers, managing members of an LLC, sole proprietors or partners:

Name	Title	Duties	Ownership percentage	Included/excluded
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Provide information below on non-covered corporate officers, managing members of an LLC, sole proprietors or partners:

These named individuals will be excluded on the workers' compensation policy.

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

Is client coming out of a contract with another PEO? Yes ___ No ___

If yes, advise names of all PEO) and exact contract dates:

Name	Exact contract dates (agreement date, termination date)
_____	_____
_____	_____
_____	_____

Completed by: _____ Date: _____

This form must be completed and provided to Texas Mutual Insurance Company no later than 10 days after agreement's effective date. Please email to underwriting@texasmutual.com or fax to (800) 359-0650 with "Attn: Underwriting."