

6210 E Hwy 290 Austin, Texas 78723 Phone 1-800-859-5995 Fax 1-800-359-0650

Professional Employer Organization (PEO) Questionnaire

Please complete this questionnaire, and include it with application for a Professional Employer Organization (PEO).

а	If yes, please explain
b	List all businesses that the applicant, its owners, or its controlling management have commonly owned, managed or controlled during the past 12 months, and provide the federal tax identification numbers for each business. Attach a complete WC-RFI for each business.
	pes the applicant receive workers from or share workers with any business? Yes No If yes, please explain
b	List all such businesses and their federal tax identification numbers. Attach a complete WC-RFI for each business
	pes the applicant share office space or any other business services with another business? Yes No If yes, please explain
b	List all such businesses and their federal tax identification numbers. Attach a complete WC-RFI for each business
С	bes the applicant currently have an agreement, written or verbal, with another company to provide workers' mpensation or other services to certain clients? Yes No If yes, please explain
b	List all such companies and their federal tax identification numbers. Furnish copy of signed and dated contract.

Provide a copy of the contract between each client company and this applicant.

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Texas Mutual Insurance Company

PEO Questionnaire

5.	Does the application represent all codes and payrolls for all employees of all clients?	Yes	No
	If no, please explain		

- 6. Please provide a copy of the contract for any client <u>not included</u> for workers' compensation coverage. Explain why they are not to be included for coverage.
- 7. Please explain your client selection process, including your underwriting criteria requirements.
- 8. In order to properly apply Rule IX-E of the Texas Basic Manual for Worker' Compensation and Employers' Liability Insurance, please provide the following information:
 - <u>List by client company</u>, the name, address, FEIN, applicable class code(s), payroll(s), number of employees, and date client began leasing with this applicant
 - if leasing with this applicant less than the 2 years specified in Rule IX-E, we must also have the date the client company **first** began leasing with **ANY** leasing company
 - applicable experience modifier, if any, as per Rule IX-E for each client company
 - completion of the EP-1 form attached
 - sample copy of the leasing agreement, including all exhibits and schedules referenced
- 9. If any client has more than 50 employees at once, complete the attached Supplemental Employee Data Worksheet.

APPLICANT'S AGREEMENT

As a condition of future coverage, the applicant expressly makes the following agreements:

- Applicant agrees to notify Texas Mutual Insurance Company prior to entering into any arrangement with another company to provide workers' compensation coverage for certain clients of the applicant. If workers' compensation coverage is no longer required for a client, then a termination letter or an addendum to the contract indicating the change in services must be provided to Texas Mutual Insurance Company in advance of the change.
- 2. Applicant agrees to comply with the Pre-Approval / Exclusion conditions established for Professional Employer Organizations. Applicant understands that failure to comply with those conditions could result in termination of coverage.
- 3. Applicant agrees to notify Texas Mutual Insurance Company of all new and terminated contracts within 10 days after the effective date of the change.

The applicant hereby represents and verifies that all statements and representations contained herein and in any supplemental documents are true and correct. Any material misrepresentation, omission, or failure to perform the agreements set forth above are grounds for rejection of the application or cancellation of any coverage which is issued in reliance on the application, and for other legal actions. If any one or more of the provisions of this agreement shall be held to be invalid, illegal, or unenforceable, the validity, legality, or enforceability of the remaining provisions of this agreement shall not in any way be affected or impaired.

Signature of owner, partner, or officer required.

NAME OF APPLICANT (Please print)	APPLICANT'S SIGNATURE	TITLE	DATE
NAME OF AGENT (Please print)	AGENT'S SIGNATURE	TITLE	 DATE

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Supplemental Employee Data Worksheet

Policyholder's name:______ Policy/quote no. _____

Instructions: In order to help us as possible. Use one row for e	ach physical bu					
locations. Thank you for your ass		State & ZIP	Building height (no.	No. Of employees	No. Of work	Max no. Of employees
Physical address (no P.O. boxes) 1.	City	Code	Of stories)	by location	Shifts	per shift
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Are there any special events of locations listed above, such as If yes, please explain:	conventions, h	oliday parties	lace more th , etc.?	nan 50 peop Yes No		time at one of the e one)
Name of person completing form: Date: Company name: Policyholder Agent						

Please fax or mail completed form to:

Texas Mutual Insurance Company P.O. Box 12058 Austin, TX 78711-2058

Fax: (800) 359-0650

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