

## Professional Employer Organization Requirements

Thank you for your interest in Texas Mutual Insurance Company. We have listed below the items we will need in order to provide a quote for your Professional Employer Organization (PEO).

- ❑ **Completed ACORD<sup>®</sup> 130.** The application should reflect information as it pertains to the Professional Employer Organization. Individual client company information will be gathered elsewhere.
- ❑ **Five years of Texas premium and payroll history for the PEO.**
- ❑ **Five years of currently valued loss runs for the PEO.** Loss runs must clearly indicate the state in which the loss occurred so that we can segregate Texas exposure. Since the quote will be based on the PEO's experience, loss runs must include all prior loss data for the PEO, not just loss information for current clients.
- ❑ **Copy of current PEO experience modifier worksheet**
- ❑ **Complete PEO Questionnaire, available at [www.texasmutual.com](http://www.texasmutual.com) in the Agent Forms section.** Individual client company information is requested under Question 8. This information is required in order for Texas Mutual Insurance Company to properly apply experience modifiers per Rule IX of the Texas Workers' Compensation and Employers' Liability Manual and Subsection D, Sec. 91.042 of the Staff Leasing Services Act. Attached is a sample spreadsheet that includes all information needed for each client.
- ❑ **Copy of Staff Leasing Services License.** For more information about the Staff Leasing Services Act, please visit [www.tdlr.state.tx.us](http://www.tdlr.state.tx.us).
- ❑ **Signed Professional Employer Organization Exclusion & Pre-Approval Lists. This is a Texas Mutual Insurance Company form available from your underwriter.**
- ❑ **EP-1A Form, available at [www.texasmutual.com](http://www.texasmutual.com) in the Agent Forms section.** This Texas Workers' Compensation and Employers' Liability Manual form provides details about the PEO, including prior or current related entities and information regarding officers, managers and affiliates. Submit this form signed, dated and notarized.
- ❑ **Supporting information** that provides additional facts about the client selection process, safety program, training, etc, such as:
  - Brochures
  - Underwriting checklist
  - Safety program(s)
  - Website address

If you have questions regarding the required information, please contact your Texas Mutual underwriter at (800) 859-5995.

