

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 *(PEO name on signed agreement must match the name on the license.)*

Policy number

Client name

Location code

Client entity type *(corporation, LLC, sole proprietor, limited partnership, etc.)*

Client FEIN

Client physical address

Agreement date *(Agreement date is the first day of the payroll period that the client above is a co-employer.)*

Number of covered employees

Client's experience modifier factor

NCCI Risk ID number *(attach a copy of work sheet)*

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	Executive 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	Executive Title
_____	_____
_____	_____
_____	_____
_____	_____

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

If yes, advise the names of all PEOs and exact contract dates:

Name	Agreement date	Termination date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature

Date

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