



Convergence Employee Leasing, Inc.
Client Underwriting Submission
Request for Proposal

Client: _____ FEIN: _____

dba: _____ Years in Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Owner: _____ Contact: _____

Type of Business: Sole Prop. Corp. Non-Profit L.L.C. P.C. Partnership L.L.P.

Description of Operations: _____

Employee Information / Payroll

Class Code	Rate	#EE's	Duties	Annual Payroll

Workers' Compensation History

Year	Carrier	Policy #	MOD	# of Claims	Paid Losses	Total Incurred

(Three years of lost runs may be required from current or past carriers)

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 carrier or Professional Employer Organization.

Signature & Title

Date

General Risk Information

	Yes	No	N/A
Does applicant own, operate, or lease aircraft/watercraft?			
Any past, present, or discontinued operation involving storing, treating, discharging, applying, disposing, or transporting hazardous material?			
Any work performed under, on, or above water?			
Any work which may be subject to the Jones Act, USL&H, or FELA?			
Is applicant engaged in any other type of business?			
Any work performed underground or above 15 feet?			
Are sub-contractors and/or independent contractors used?			
If "yes" are all subcontractors and employees covered by workers compensation?			
Are copies of certificates of insurance kept?			
Is there a written safety program in place? (attach copy)			
Is there a drug free work place program in place?			
Do you currently have a light duty program in place?			
Do you "full pay" during periods of disability or reduced work?			
Any group travel, ride-share programs, or tool or vehicle allowances provided?			
Do employees travel out of state or of country in the scope of the job?			
Do you provide company vehicles?			
Are MVR checked on all drivers?			
Does the radius of operation of vehicles exceed 200 miles?			
Are first aid kits kept on-site?			
Is there any volunteer or donated labor?			
Are athletic teams sponsored?			
Does the company require safety equipment to be worn?			
Are scaffolds, ladders, or man lifts used?			
Do you use or lease any labor from other employers?			
Any part time or seasonal employees used?			
Any employees under 16 or over 60 years of age?			
Does employee turnover exceed 25%?			
Any prior coverage declined, canceled, or non-renewed in the past three years?			

Signature: _____ Date: _____

Workers' Compensation Loss History Affidavit

I, _____, do hereby certify and swear that _____
(name of owner or officer) (company name:dba)
 has incurred _____ injuries within the last 36 months. Please list the injuries and the costs
(number of injuries)
 incurred in the table for the last 36 months:

Year of Claim	Name of Injured	Amount of Claim	Describe Injury	Open Closed

Note: if there have been no injuries, write (None) in the table above.

Explanation if an individual claim amount exceeds \$15,000.

Company Name: _____

Signed By: _____ Date: _____

Title/Position: _____

Note: This affidavit must be submitted with the New Client Profile Sheet when loss runs are not available.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files, statement of claim, or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers' compensation coverage or conceal information pertinent to the computation and application of an experience rating modification factor, is guilty of a felony of the third degree or as otherwise punishable as provided under the law.

CONVERGENCE EMPLOYEE LEASING, INC.
HEIGHT AFFIDAVIT

I hereby attest that the employees of _____ (Client), do not and will not perform work in excess of 20 feet or 2 stories in height. I understand that Convergence Employee Leasing, Inc. does not and will not extend workers' compensation coverage to the employees of any client who performs any work in excess of 20 feet or 2 stories.

Further, I understand that if an employee of Client is injured as a result working above these height restrictions, the employee may not be covered by Convergence's workers' compensation policy.

Signed: _____ Date: _____
Client Authorized Officer Signature

Print Name: _____
Client Authorized Officer

RESUME

IF BUSINESS IS INCORPORATED LESS THAN 3 YEARS AGO OR IF A SOLE PROPRIETOR PLEASE COMPLETE AND SUBMIT THIS RESUME FORM

Individual's name:

Company Name:

Address:

Phone:

Describe your current company's business operations, clients served, territory covered, etc.

Previous Experience for past 5 years:

Job Title:

Company Name:

Start Date:

End Date:

Job Responsibility/Duties:

Job Title:

Company Name:

Start Date:

End Date:

Job Responsibility/Duties:

Job Title:

Company Name:

Start Date:

End Date:

Job Responsibility/Duties: