



**INDIANA ASSIGNED RISK PLAN  
PROFESSIONAL EMPLOYER ORGANIZATION ARRANGEMENTS**

**Supplemental Application for Multiple Coordinated Policies (MCP)**

<b>PEO LEGAL BUSINESS NAME</b>	<b>ADDITIONAL REQUIRED APPLICATIONS - CHECK THOSE ATTACHED, COMMENT IF NOT</b>  <input type="checkbox"/> ACORD 130 <input type="checkbox"/> ACORD 133 <input type="checkbox"/> FORM 941
<b>LISTING OF PREVIOUS NAMES - IF NONE, WRITE N/A</b>	<i>NOTE: PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH CLIENT FIRM</i>
<b>DETAILED DESCRIPTION OF PEO OWNERSHIP</b>	<b>LIST PREVIOUS OWNERS FOR PAST 5 YEARS - IF NONE, WRITE N/A</b>
<b>LIST OTHER PEO'S IN WHICH THE ABOVE OWNERS HAVE AN OWNERSHIP INTEREST- IF NONE, WRITE N/A</b>	<b>LIST ANY OTHER ENTITIES IN WHICH THE ABOVE OWNERS HAVE AN OWNERSHIP INTEREST, AND THE PERCENT OWNED OF EACH IF NONE, WRITE N/A</b>

**STATEMENT REGARDING OUTSTANDING PREMIUM OBLIGATIONS**

TO THE BEST OF OUR KNOWLEDGE, NONE OF OUR CLIENT FIRMS HAVE ANY OUTSTANDING PREMIUM OBLIGATIONS DUE ON ANY WORKERS COMPENSATION POLICY.

THE FOLLOWING CLIENT FIRMS ARE ALL THAT, TO THE BEST OF OUR KNOWLEDGE, HAVE ANY OUTSTANDING PREMIUM OBLIGATIONS DUE ON ANY WORKERS COMPENSATION POLICY: (LIST FOR EACH THE CLIENT'S NAME, AMOUNT OWED, TO WHOM, AND IF AMOUNT IS IN DISPUTE.)

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD AN INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**REMARKS - ATTACH ADDITIONAL SHEETS IF MORE SPACE IS REQUIRED**

**CONFIRMATION OF ACCURACY –**  
MUST BE DATED AND SIGNED BY AN OFFICER, OWNER OR OTHER PERSON AUTHORIZED TO LEGALLY BIND THE PEO APPLICANT. ON BEHALF OF THE PEO, I CONFIRM ALL INFORMATION TO BE ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. WE AGREE TO PROVIDE CHANGES TO THIS INFORMATION TO THE ASSIGNED CARRIER IN A TIMELY MANNER. FURTHER, THE PEO AGREES TO PROVIDE UPON REQUEST THE PAYROLL AND LOSS DATA AND OTHER INFORMATION PERTAINING TO EACH CLIENT AS REQUIRED TO CALCULATE EACH CLIENT'S EXPERIENCE MODIFICATION.

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_