INDIANA ASSIGNED RISK PLAN

PROFESSIONAL EMPLOYER ORGANIZATION ARRANGEMENTS

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

PEO LEGAL BUSINESS NAME

CLIENT FIRM LEGAL NAME

ADDRESS (including ZIP Code)

PAYROLL ADDRESS (if different - e.g. PEO address)

ADDITIONAL REQUIRED APPLICATIONS - CHECK THOSE ATTACHED, COMMENT IF NOT

- □ ACORD 130
- □ ACORD 133
- □ FORM 941

NOTE: PLEASE PROVIDE COPY OF LEASING CONTRACT

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

RISK ID NUMBER (used for Experience Rating)

LIST OTHER PEO'S THAT PROVIDE LEASED WORKERS TO THE CLIENT FIRM

EXPLAIN CURRENT OWNERSHIP AND LIST ANY OWNERSHIP CHANGES IN THE PAST TWELVE (12) MONTHS

LIST ALL PREVIOUS NAMES UNDER WHICH THE CLIENT HAS OPERATED IN THE PAST FIVE (5) YEARS- IF NONE, WRITE N/A

CURRENT AND PREVIOUS FIVE (5) YEARS WORKERS COMPENSATION CARRIERS AND POLICY NUMBERS

Policy Period	Insurance Carrier	Policy Number

REMARKS - ATTACH ADDITIONAL SHEETS IF MORE SPACE IS REQUIRED

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LISTING OF LEASED EMPLOYEES

☐ CHECK BOX IF THIS INFORMATION IS BEING PROVIDED ON A SEPARATE FORM

Name	Class Code	Annual Payroll

Total Number _____

Total Annual Payroll **$** _____

LISTING OF NON-LEASED EMPLOYEES - IF NONE, WRITE N/A

☐ CHECK BOX IF THIS INFORMATION IS BEING PROVIDED ON A SEPARATE FORM

Name	Class Code	Annual Payroll

Total Number _____

Total Annual Payroll **$** _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD 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 SIGNED AND DATED BY AN OFFICER, OWNER OR OTHER PERSON AUTHORIZED TO LEGALLY BIND THE CLIENT FIRM APPLICANT. ON BEHALF OF THE CLIENT FIRM, I CONFIRM ALL INFORMATION TO BE ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF

SIGNED _____ TITLE _____ DATE _____