

**INDIANA ASSIGNED RISK PLAN**

**PROFESSIONAL EMPLOYER ORGANIZATION ARRANGEMENTS**



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

<b>PEO LEGAL BUSINESS NAME</b>		
<b>CLIENT FIRM LEGAL 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  <i>NOTE: PLEASE PROVIDE COPY OF LEASING CONTRACT</i>
<b>ADDRESS</b> (including ZIP Code)  <b>PAYROLL ADDRESS</b> (if different - e.g. PEO address)		
<b>FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)</b>	<b>RISK ID NUMBER</b> (used for Experience Rating)	
<b>LIST OTHER PEO'S THAT PROVIDE LEASED WORKERS TO THE CLIENT FIRM</b>	<b>EXPLAIN CURRENT OWNERSHIP AND LIST ANY OWNERSHIP CHANGES IN THE PAST TWELVE (12) MONTHS</b>	
<b>LIST ALL PREVIOUS NAMES UNDER WHICH THE CLIENT HAS OPERATED IN THE PAST FIVE (5) YEARS- IF NONE, WRITE N/A</b>		
<b>CURRENT AND PREVIOUS FIVE (5) YEARS WORKERS COMPENSATION CARRIERS AND POLICY NUMBERS</b>		
<u>Policy Period</u>	<u>Insurance Carrier</u>	<u>Policy Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>REMARKS - ATTACH ADDITIONAL SHEETS IF MORE SPACE IS REQUIRED</b>		

