INDIANA ASSIGNED RISK PLAN
PROFESSIONAL EMPLOYER ORGANIZATION ARRANGEMENTS

Supplemental Application for Multiple Coordinated Policies (MCP)

PEO LEGAL BUSINESS NAME

LISTING OF PREVIOUS NAMES - IF NONE, WRITE N/A

ADDITIONAL REQUIRED APPLICATIONS - CHECK THOSE ATTACHED, COMMENT IF NOT

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

NOTE: PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH CLIENT FIRM

DETAILED DESCRIPTION OF PEO OWNERSHIP

LIST PREVIOUS OWNERS FOR PAST 5 YEARS - IF NONE, WRITE N/A

LIST OTHER PEO'S IN WHICH THE ABOVE OWNERS HAVE AN OWNERSHIP INTEREST- IF NONE, WRITE N/A

LIST ANY OTHER ENTITIES IN WHICH THE ABOVE OWNERS HAVE AN OWNERSHIP INTEREST, AND THE PERCENT OWNED OF EACH
IF NONE, WRITE N/A

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 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 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 _____