

PROFESSIONAL EMPLOYER ORGANIZATION (PEO) NEW CLIENT FORM

**Completion of this form does not guarantee coverage for this client.
 Underwriting must review and specifically approve each client.**

PEO name: _____ Policy #: _____

Client name: _____ Location Code: _____

Client physical address: _____ Client FEIN: _____

Contract Date: _____ Number of employees leased to client: _____

Client's experience modifier: _____ NCCI ID#: _____ (attach a copy of worksheet)

Client classification codes & annual payrolls leased:

Class Code	Description of Operations	Payroll
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has client leased employees prior to this contract? Yes ___ No ___

If yes, advise name of PEO(s) and contract date(s):

Name	Contract date
_____	_____
_____	_____
_____	_____

Completed by: _____ Date: _____

This form must be completed and furnished to Texas Mutual Insurance Company no later than 10 days after agreement's effective date. Please fax to Att: Underwriting, Fax# (800)-359-0650.