Company Information

|  |  |
| --- | --- |
| Legal Company Name(as stated on tax return) |       |

Workers’ Compensation / Safety Information

|  |  |
| --- | --- |
| Has your workers’ compensation insurance been cancelled within the past 3 years? | [ ]  Yes [ ]  No (If **Yes**, provide details.)      |
| **Check any of the following that apply to your company. (For any applicable items, provide details.)** |
| [ ]  Employees handle hazardous materials. |       |
| [ ]  Worksite has occupational disease hazards. |       |
| [ ]  Worksite requires Longshoreman’s or Harbor Worker’s Insurance or Jones Acts. |       |
| [ ]  Company has drivers. |       |
| [ ]  Company has Dept. of Transportation regulated drivers. |       |
| [ ]  Company utilizes volunteers in the operation of the business. |       |
| [ ]  Company owns or leases aircraft, watercraft or pilots. |       |

Leave Information

|  |
| --- |
| Do you have any employees currently on leave of absence? [ ]  Yes [ ]  No (If **Yes**, provide the number of employees.) |
| [ ]  FMLA       [ ]  Military       [ ]  Workers’ Compensation       [ ]  Personal       |

Employer Liability Information

|  |  |
| --- | --- |
| Has your company had any layoffs for economic reasons within the last 12 months? | [ ]  Yes [ ]  No (If **Yes**, provide details.)      |
| Does your company anticipate any layoffs for economic reasons within the next 12 months? | [ ]  Yes [ ]  No (If **Yes**, provide details.)      |
| During the past 5 years, has your company paid any monies toward any claim of wrongful termination, discrimination, sexual harassment or other workplace torts, including EEOC charges? | [ ]  Yes [ ]  No (If **Yes**, provide details.)      |
| Are you aware of any active complaints, facts, incidents or circumstances that may result in a claim being made? | [ ]  Yes [ ]  No (If **Yes**, provide details.)      |

I represent that all answers and statements I have provided are complete and true to the best of my knowledge and belief.

|  |  |
| --- | --- |
| Authorized Client Representative Signature | Date Signed |
|  |       |
| Printed Name | Title |
|       |       |
| Insperity Representative Signature | Date Signed |
|  |       |
| Printed Name | Title |
|       |       |