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 | |
|  |  | |