

For professional employer organizations (PEOs) that co-employ client companies' workers and handle their payroll, payroll taxes, benefits, HR, and workers' compensation. Staffing and temporary help agencies use CWCO-SUP-STAFF instead. Attach ACORD 125 and 130, a sample client service agreement, a client list by industry and state with payroll, audited financial statements, and five years of loss runs for workers' compensation, EPL, and E&O.

## 1 APPLICANT / BUSINESS INFORMATION

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| LEGAL BUSINESS NAME  | DBA                  | FEIN                 | YEARS IN BUSINESS    |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| BUSINESS ADDRESS     | CITY / STATE / ZIP   | WEBSITE              |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |

**Entity type:**  
☐ Sole proprietor    ☐ Partnership    ☐ LLC    ☐ Corporation

|                         |                      |                      |
|-------------------------|----------------------|----------------------|
| PRIMARY CONTACT / TITLE | PHONE                | EMAIL                |
| <input type="text"/>    | <input type="text"/> | <input type="text"/> |

|                                              |                             |
|----------------------------------------------|-----------------------------|
| STATES WHERE LICENSED OR REGISTERED AS A PEO | PAYROLL SOFTWARE / PLATFORM |
| <input type="text"/>                         | <input type="text"/>        |

1-1 Is the applicant certified by the IRS as a CPEO? ☐ Yes ☐ No  
 IF NO, EXPLAIN

1-2 Is the applicant accredited by the Employer Services Assurance Corporation (ESAC)? ☐ Yes ☐ No  
 IF NO, EXPLAIN

## 2 OPERATIONS

DESCRIBE THE SERVICES PROVIDED TO CLIENTS AND THE TYPICAL CLIENT SIZE

**Current book:**  
☐ Client companies    ☐ Worksite employees    ☐ States with worksite employees    ☐ Clients added — last 12 months  
☐ Clients lost — last 12 months    ☐ Largest client (employees)

| CLIENT INDUSTRY | % OF WORKSITE EMPLOYEES | ANNUAL PAYROLL (\$) | MAIN CLASS CODES |
|-----------------|-------------------------|---------------------|------------------|
|                 |                         |                     |                  |
|                 |                         |                     |                  |
|                 |                         |                     |                  |
|                 |                         |                     |                  |
|                 |                         |                     |                  |

**Services provided (check all that apply):**  
☐ Payroll    ☐ Payroll tax filing    ☐ Health benefits    ☐ Retirement plan    ☐ Workers' compensation    ☐ HR advice / handbooks  
☐ Safety services    ☐ Recruiting

2-1 Does the applicant also place temporary or leased workers outside co-employment? ☐ Yes ☐ No  
 IF YES, EXPLAIN

2-2 Does the applicant sell services through brokers or resellers? ☐ Yes ☐ No  
 IF YES, EXPLAIN

### 3 EXPOSURE & RISK QUESTIONS — WORKERS' COMPENSATION

PEOs cover clients' workers in one of three ways: one master policy in the PEO's name, a separate policy for each client (a multiple coordinated policy), or the client's own policy. The structure decides whose loss history follows each client.

**Workers' compensation structure (check all that apply):**

☐ Master policy (PEO is named insured) ☐ Multiple coordinated policies ☐ Client-secured coverage ☐ Self-insured / large deductible

3-1 Does the applicant accept clients in construction, roofing, trucking, or other high-hazard classes? ☐ Yes ☐ No  
IF YES, EXPLAIN \_\_\_\_\_

3-2 Are prospective clients' prior loss runs reviewed before onboarding? ☐ Yes ☐ No  
IF NO, EXPLAIN \_\_\_\_\_

3-3 Are new clients' worksites inspected before or shortly after onboarding? ☐ Yes ☐ No  
IF NO, EXPLAIN \_\_\_\_\_

3-4 Is each client's loss experience tracked separately? ☐ Yes ☐ No  
IF NO, EXPLAIN \_\_\_\_\_

3-5 Is there a written process for clients with poor loss results? ☐ Yes ☐ No  
IF NO, EXPLAIN \_\_\_\_\_

3-6 Are class codes audited against the work clients' employees actually do? ☐ Yes ☐ No  
IF NO, EXPLAIN \_\_\_\_\_

3-7 Does the applicant run a return-to-work program for injured workers? ☐ Yes ☐ No  
IF NO, EXPLAIN \_\_\_\_\_

3-8 Does any client have workers who travel or work outside the U.S.? ☐ Yes ☐ No  
IF YES, EXPLAIN \_\_\_\_\_

### 4 EXPOSURE & RISK QUESTIONS — CO-EMPLOYMENT, FUNDS & DATA

A PEO's EPL policy is often shared by every client, with one aggregate limit and retentions as high as \$75,000. A certified PEO takes on federal employment tax liability for wages it pays, so payroll funding and tax remittance are central to its risk.

4-1 Does every client sign a service agreement that divides employer duties between the applicant and the client? ☐ Yes ☐ No  
IF NO, EXPLAIN \_\_\_\_\_

4-2 Does the applicant's EPL policy cover client companies as insureds? ☐ Yes ☐ No  
IF YES, EXPLAIN \_\_\_\_\_

4-3 If yes to 4-2, do all clients share one aggregate EPL limit? ☐ Yes ☐ No  
IF YES, EXPLAIN \_\_\_\_\_

4-4 Does the EPL policy cover wage-and-hour claims? ☐ Yes ☐ No  
IF NO, EXPLAIN \_\_\_\_\_

4-5 Must clients fund payroll before the applicant releases it? ☐ Yes ☐ No  
IF NO, EXPLAIN \_\_\_\_\_

4-6 Are payroll tax funds held in a separate trust or escrow account? ☐ Yes ☐ No  
IF NO, EXPLAIN \_\_\_\_\_

4-7 Are changes to employee bank account details verified by a call to a known contact? ☐ Yes ☐ No  
IF NO, EXPLAIN \_\_\_\_\_

4-8 Is the applicant the sponsor of a health or retirement plan covering clients' employees? ☐ Yes ☐ No  
IF YES, EXPLAIN \_\_\_\_\_

4-9 Is multi-factor authentication required for every login to the payroll and HR systems? ☐ Yes ☐ No  
IF NO, EXPLAIN \_\_\_\_\_

4-10 Has the applicant had a payroll tax penalty, missed deposit, or IRS notice in the past 3 years? ☐ Yes ☐ No  
IF YES, EXPLAIN \_\_\_\_\_

## 5 PAYROLL, SALES & REVENUE

|                             |                              |                                                  |
|-----------------------------|------------------------------|--------------------------------------------------|
| GROSS REVENUE (\$)          | NET SERVICE FEE REVENUE (\$) | WORKSITE EMPLOYEE PAYROLL (\$)                   |
| <input type="text"/>        | <input type="text"/>         | <input type="text"/>                             |
| INTERNAL STAFF PAYROLL (\$) | INTERNAL STAFF (EMPLOYEES)   | PROJECTED WORKSITE PAYROLL — NEXT 12 MONTHS (\$) |
| <input type="text"/>        | <input type="text"/>         | <input type="text"/>                             |

## 6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years for each line.

|                                   |                      |                      |
|-----------------------------------|----------------------|----------------------|
| WORKERS' COMP CARRIER / STRUCTURE | EPL CARRIER / LIMIT  | E&O CARRIER / LIMIT  |
| <input type="text"/>              | <input type="text"/> | <input type="text"/> |

| DATE OF LOSS | LINE / CLIENT / DESCRIPTION | TOTAL INCURRED (\$) | OPEN / CLOSED |
|--------------|-----------------------------|---------------------|---------------|
|              |                             |                     |               |
|              |                             |                     |               |
|              |                             |                     |               |
|              |                             |                     |               |

6-1 Has a client sued the applicant over payroll, tax, or benefits errors in the past 5 years? ☐ Yes ☐ No  
IF YES, EXPLAIN

6-2 Has a state agency audited or penalized the applicant's workers' compensation reporting? ☐ Yes ☐ No  
IF YES, EXPLAIN

6-3 Has any coverage been declined, cancelled, or non-renewed? ☐ Yes ☐ No  
IF YES, EXPLAIN

6-4 Is the applicant aware of any incident or circumstance that could give rise to a claim? ☐ Yes ☐ No  
IF YES, EXPLAIN

### Coverage requested (check all that apply):

☐ Workers' compensation  
 ☐ Employment practices  
 ☐ PEO professional / E&O  
 ☐ Fiduciary liability  
 ☐ Crime / fidelity  
 ☐ Cyber  
☐ General liability  
 ☐ Umbrella

## 7 RISK MANAGEMENT & SAFETY

7-1 Does the applicant employ a full-time safety professional? ☐ Yes ☐ No  
IF NO, EXPLAIN

7-2 Do clients receive written safety programs and training materials? ☐ Yes ☐ No  
IF NO, EXPLAIN

7-3 Do clients receive anti-harassment training for managers each year? ☐ Yes ☐ No  
IF NO, EXPLAIN

7-4 Is an HR hotline available to clients before they discipline or terminate an employee? ☐ Yes ☐ No  
IF NO, EXPLAIN

8SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

**FRAUD NOTICE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

|                                                   |                                     |             |
|---------------------------------------------------|-------------------------------------|-------------|
| APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME) | TITLE                               | DATE        |
| <div></div>                                       | <div></div>                         | <div></div> |
| PRODUCER — CORY WASHINGTON & CO. LLC              | PRODUCER SIGNATURE (TYPE FULL NAME) | DATE        |
| <div></div>                                       | <div></div>                         | <div></div> |