

Classification and Rate Request

Insured Name: _____ Date: _____

Instructions:

When a new client relationship is being considered, please complete this form and submit to your Agency contact.

- The agent will provide the class code and rate or if necessary, submit the form to the carrier for the class code and rate.
- If the class code is not on the Approved Class Code List, the agent will submit the form to the carrier requesting an approval.
- If a class code needs to be added, the agent will notify the carrier and the class code will be added. The class code will then be available on the monthly payroll report.

Response time for class code, rate, or approval requests will be within one business day.

Client Information:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Website: _____

Governing Class Code: _____ Experience Mod: _____

Description of Client's governing business:

List the Governing/Assigned Classification recommendation, if different:

Total projected payroll: \$ _____

Projected number of temporary employees at client (if various job positions, please note employees by job position):

Length of assignment for the above-mentioned temporary employees:

Detailed description of job assignment(s):

Training provided to employees prior to placement:

Training provided at client site:

Client Safety Contact

First: _____ Last: _____ MI: _____

Position: _____ Phone: _____

Email: _____



Key Exposures:

Maximum height exposure: _____

Maximum weight lifted manually: _____

24-hour exposure? Yes No

Will employees be exposed to chemicals? Yes No

If yes, describe type of chemicals: _____

Will employees be exposed to any machinery exposure? Yes No

If yes, describe type of machinery: _____

If yes, describe type of training provided: _____

What Personal Protective Equipment is required? _____

Are respirators used? Yes No

If yes, describe type and substance:

Is employee transportation provided to/from client sites? Yes No

If yes, please answer the following:

Maximum number of employees in a vehicle at any one time: _____

How often is transportation provided? _____

Type(s) of vehicles used for this transportation: _____

Average # miles to a client site (one-way): _____

Maximum # miles to a client site (one-way): _____

Does organization hire staff for driving positions? Yes No

If yes, describe (e.g., delivery of product, courier, transportation, etc.):

Are MVR checks completed for all drivers? Yes No

Additional comments: