PRESCIENTNATIONAL

Prescient National Insurance Services, LLC
PO Box 32788 · Charlotte, NC 28232
(704) 927-2860 · prescientnational.com

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.

- **Page 1 is required for ALL requests. Pages 1 & 2 are required for any requests not on the Approved List.**
- Requests for codes not on the Approved List may be approved, approved with subjectivities, or declined.
- If a class code needs to be added after review and approval, **the Agent** must notify the carrier for the class code to be added. The class code will then be available on the monthly payroll reporting.

Response time for class code, rate, or approval requests will be within one business day when all requested information is provided.

Client Information:

Company Name: _____

Jobsite Address: _____

City: _____ State: _____ Zip: _____

Website: _____ **Projected Employee Start Date:** _____

Governing Class Code: _____ **Suggested Class Code for this placement:** _____

***Estimated Annual Payroll by Job Title/Placement**: _____

Provide a detailed description of the job duties that would be performed by temporary employees:

Length of assignment for the above-mentioned temporary employees: _____

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

*If the estimated number of temporary employees is **50+,** please provide the following:

- Estimated number of temporary employees per shift: _____
- Number of peak employees at any one time: _____

Maximum **height** exposure: _____ Maximum **weight** lifted manually: _____

Will employees be exposed to **chemicals**? ☐ Yes ☐ No

If yes, describe type of chemicals: _____

Will employees be exposed to any **machinery**? ☐ Yes ☐ No

If yes, describe type of machinery: _____

If yes, describe type of training provided: _____

If operating **forklifts**, are they certified operators? ☐ Yes ☐ No

24-hour exposure? ☐ Yes ☐ No

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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

Detailed description of job assignment(s)
i.e. If Construction related, please describe specific project; if warehousing, please describe type of products they will handle.

Training provided to employees prior to placement:

Training provided at client site:

Additional comments:

Client Safety Contact

Name: _____ Position: _____

Email: _____ Phone: _____

☐ Check here if you give permission to a Risk Manager from your carrier to contact this client for additional safety information.

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