

TMS, Representing AMS Staff Leasing – One of the largest PEO's in the United States
 Fill out this form and fax it back to Marie at 239-549-6540 or email to TMSInsurance@gmail.com
 ** Please enclose a 3 year loss run, W/C Dec Page and your current Payroll Invoice for a proper quote.

I. Information Section

Proposed Contract Date _____ Federal ID # _____
 Name of Business _____
 Address _____ City, State, Zip _____
 Phone # _____ Fax # _____
 Contact Name _____ Number _____
 Year Business Started _____ Exp Mod _____ Mod Eff. Date _____

II. Location and other Information (circle)

Pay Frequency weekly bi-weekly Pay period beg-end Su M T W Th F Sa

Will your company use (circle one)

Direct Deposit for Employees YES NO ACH for Company YES NO

III. Additional Premises

Address _____
 City, State, Zip _____

**IV. Nature of Business / Detailed description of all operations of business
 (Elaborate on past, present and future jobs. Describe all activities of employees):**

IV. Revenue Rating

W/C Code	W/C Rate	Est. Payroll	W/C Code	W/C Rate	Est. Payroll
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

V. Coverage History

Current Carrier _____
 Reason for change _____

VII. GENERAL INFORMATION (Check box which applies.)

Y N N/A

1. Is the applicant a subsidiary of another entity or have any subsidiaries?
2. Is the applicant engaged in any other type of business?
3. Does the applicant get involved in any of the following operations:
- Dam Construction, including cofferdams and caisson building
 - Levee or breakwater construction
 - Subway or Tunnel Construction
 - Railroad construction
 - Blasting
 - Environmental/pollution work
 - Asbestos abatement work
 - Trucking-interstate or transporting or disposing of hazardous waste
 - Chemical, petrochemical process, oil/gas well and nuclear work
 - Occupational disease exposure
 - Offshore drilling
 - Underground or coal mining of any type
 - Wrecking or demolition of structures, vessels or building exceeding two stories in height
 - Rocket or missile testing or launching
 - Sawmills or logging
 - Window cleaning in excess of two stories
 - Bridge construction or painting
 - Steel erection in excess of two stories
 - Scaffolding-leasing, erection, or repair
 - Sand or gravel digging
 - Pesticide operations involving fumigation or tenting
 - Crane operators
 - Repossessing services
4. Does the applicant own, operate, or lease aircraft/watercraft?
If so, is it used in day to day business operations?
5. Is there exposure to flammables, explosives, or chemicals?
If so, what type of protection and preventative measures are used?
6. Are there past, present, or discontinued operations that involve storing, treating, discharging, applying, disposing, or transporting of hazardous material?
If so, which ones? And what type of hazardous materials?
7. Is work performed underground or above 15 feet?
If so, how deep is the confined space? If so, How high and is tie off equipment used?
8. Is work performed on Barges, vessels, docks, or bridges over water?
If so, how often? What safety measures are in place?

Y N N/A

9. Is group transportation provided?
If so, what type of vehicle? How many employees use the transportation?
10. Are any employees under 18 or over 60 years of age?
What are their job functions?
11. Are there part time or seasonal employees?
How many?
12. Is there volunteer or donated labor?
13. Do employees travel out of state?
How far? How long?
14. Is there current or past involvement with OCIP?
What percent of annual revenues?
15. Are employee health plans provided?
16. Does the risk hire subcontractors?
What percent?
17. Does the risk obtain Certificates of Insurance from all subcontractors?
Please provide a copy of a certificate?
18. Does the risk require all subcontractors to carry primary limits equal to or greater than their own?
19. Is the risk named as additional insured on all subcontractor's policies?
20. Does the risk use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk?
21. Does the insured verify that all subcontractors follow all industry requirements and applicable state and local codes?
22. Does the insured use hot tar in their business?

I declare that to the best of my knowledge the information provided in this application is true and acknowledge that the information in this Client Application will be supplied to the insurance company providing workers' compensation insurance coverage to AMS Staff Leasing. I understand that any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties.

Completed by _____

Date completed _____