

NEW CLIENT INFORMATION FORM

PROGRAM:

CLIENT CONTACT INFORMATION

FIELDS – MUST BE COMPLETE FOR SERVICE AGREEMENT TO BE ISSUED.

Company name:		
Contact Person:		
Phone:	Fax:	E-mail:
Company address:		
City:	State:	ZIP Code:

GENERAL ASSIGNMENT INFORMATION

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Nature of Business (What does this company do?)					
Number of Shifts:	Shift 1	to	Shift 2	to	Shift 3
Job Description 1:					Pay Rate:
Job Description 2:					Pay Rate:
Job Description 3:					Pay Rate:
Any Hight Exposure:	Yes No	If Yes What is the Maximum Height (FT)			
Enter the Maximum Weight to Be Lifted (lbs.)		Are Machines Operated:	Yes No	Guards in Place	Yes No
Driving Exposure	Yes No	Max Radius (Miles)		Type of Vehicle	
Material Hauled:					
Forklift Used	Yes No	Type of Forklift		Are Employees Certified on site:	Yes No
Personal Protective Equipment required	Yes No	Is Protective Equipment provided by client			Yes No
Are Employees Only Loading and Unloading Containers:	Yes No	Head Count :			

WORKERS COMP INFORMATION

(COMPLETED BY WORKERS UNDERWRITING DEPARTMENT)

W/C Class codes	Description	Pay Rate	Mark-Up	Bill Rate	# Employees	Payroll

INVOICE/PAY PREFERENCE

COMPLETE THIS SECTION ONCE SERVICE AGREEMENT IS SIGNED

Billing Contact:				Terms Net:	
Phone:	Fax:	Email:			
Billing address:		City:	State:	Zip Code	
Invoice Delivery Via	Mail Fax Email	Pay Day:	Pay Cycle:	Method of Delivery:	

PPE & ADDITIONAL REQUIREMENTS

PPE Required	# Needed	List Additional Equipment	# Needed	Drug Screen Required: Yes No
Hard hats				Back Ground Checks: Yes No
Work gloves				GMP Training Required: Yes No
Safety glasses / Googles				Boots Required (Steel toe): Yes No
Ear plugs		Dress Code:		
Back supports		Special Skills:		

Salesperson Name:	Date Submitted:
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