

WRA ENTERPRISES, LLC

Workers' Compensation Code Addition Request

To add an additional workers' compensation code to your coverage policy, fill out the information below. All fields must be completed for your request to be processed. Use a separate form for each comp code request. Return completed forms to your **Payroll Processor**.

All new codes must be approved by WRA before they are active in our system. The approval process takes up to **two (2) business days**. If approved, a code confirmation will be sent to you.

Client Legal Name:

Name of person making request:

Work State:

Full Description of Duties:

Requested Effective Date:

Estimated Annual Payroll:

Number of Employees
For This Code:

Physical Work Location Address

Client Name:

Work Location Address:

City / State / Zip:

Federal Tax ID (FEIN) of
Location Company

Signature:

Date:
