

**COMPANY INFORMATION**

Legal Company Name (as stated on tax return)	
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**WORKERS' COMPENSATION / SAFETY INFORMATION**

Has your workers' compensation insurance been cancelled within the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If <b>Yes</b> , provide details.)
<b>Check any of the following that apply to your company. (For any applicable items, provide details.)</b>	
<input type="checkbox"/> Employees handle hazardous materials.	
<input type="checkbox"/> Worksite has occupational disease hazards.	
<input type="checkbox"/> Worksite requires Longshoreman's or Harbor Worker's Insurance or Jones Acts.	
<input type="checkbox"/> Company has drivers.	
<input type="checkbox"/> Company has Dept. of Transportation regulated drivers.	
<input type="checkbox"/> Company utilizes volunteers in the operation of the business.	
<input type="checkbox"/> Company owns or leases aircraft, watercraft or pilots.	

**LEAVE INFORMATION**

Do you have any employees currently on leave of absence? <input type="checkbox"/> Yes <input type="checkbox"/> No (If <b>Yes</b> , provide the number of employees.)	
<input type="checkbox"/> FMLA _____	<input type="checkbox"/> Military _____ <input type="checkbox"/> Workers' Compensation _____ <input type="checkbox"/> Personal _____

**EMPLOYER LIABILITY INFORMATION**

Has your company had any layoffs for economic reasons within the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If <b>Yes</b> , provide details.)
Does your company anticipate any layoffs for economic reasons within the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If <b>Yes</b> , provide details.)
During the past 5 years, has your company paid any monies toward any claim of wrongful termination, discrimination, sexual harassment or other workplace torts, including EEOC charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If <b>Yes</b> , provide details.)
Are you aware of any active complaints, facts, incidents or circumstances that may result in a claim being made?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If <b>Yes</b> , provide details.)

I represent that all answers and statements I have provided are complete and true to the best of my knowledge and belief.

Authorized Client Representative Signature		Date Signed
Printed Name	Title	
Insperty Business Performance Advisor Signature		Date Signed
Printed Name	Title	