



**INSURED:** \_\_\_\_\_

**EFFECTIVE DATE** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**FILE NO.** \_\_\_\_\_

**RE: PROFESSIONAL EMPLOYER ORGANIZATION (PEO) CLIENT FORM**

UPDATED CLIENT REPORTING (ATTACH ADDITIONAL SHEETS IF NECESSARY)

Client Name:
Street Address:
City State Zip
Description of Client's Operations:
Number of Employees:
Class Code(s) of Business:
Percentage of employees leased:
Date of service agreement:

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