

This form must be completed in its entirety.

Vensure Client:

Name: _____

New Client Location/Address: _____

City: _____ State: _____ Zip: _____

Class Code Requested (if known): _____

Number of Employees for New Code: _____

Estimated Annual Gross Payroll: _____

Class Code Requested Begin Date: _____

Detailed description of employee work duties to be performed:

Instructions: Please be sure to provide as much detail as possible in the description of employee work duties to ensure employees are classified accurately.

Note: Please allow 24-48 hours for approval.

Fill out request in its entirety and email to riskmgmt@vensure.com

For Internal Use Only

<p>New Comp Code State: _____</p> <p><input type="checkbox"/> Approved by UW</p> <p><input type="checkbox"/> Location Added</p> <p><input type="checkbox"/> WC MOD State Added</p> <p><input type="checkbox"/> Job Code Added</p> <p>Client Reporting SUTA: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> EIN Added</p> <p><input type="checkbox"/> Rate Added</p>	<p>New Comp Code Only: _____</p> <p><input type="checkbox"/> Approved by UW</p> <p><input type="checkbox"/> Job Code Added</p>
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