



New Client Approval/Rate Request Form

Please email or fax this completed form to jpdelay@nsminc.com or Fax (610) 941-2427.

Person Completing Form:	24 Hour Exposure?
Insured Name:	Hourly Wage:
Policy # & Policy Eff Date:	Proposed Class:
Client Name:	State of Placement:
Client Address:	Projected Payroll:
Client Web Address:	Projected # of EEs:
What does the company do (nature of business):	
Detailed Description of Tasks Performed by the Temporary Employees:	
Describe equipment/machinery to be operated:	
Forklift Operations <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Maximum Unassisted Weight to be lifted	
PPE Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what?	
Any exposure to chemicals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kinds?	
Has the insured completed a physical hazard evaluation of the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Comments or Information that may be helpful:	
For NSM Only	
Class Code Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Denial:
Approved Class Codes:	Manual Rate:
Approved by:	Date Approved:
Comments or Limitations of Approval:	

- The class code is approved for the client listed above only. All new clients must be approved prior to further placements.
- The rates given are MANUAL RATES not applying experience mods, debits, credits, surcharges, etc.
- The class code WILL NOT be automatically added to the policy via endorsement. If the contract is secured, please notify your broker to have the class added to the policy. If you are on PAYGO, the class will NOT be available for payroll reporting unless endorsed onto the policy.