



Submit to: [SpecialEntitiesSubmissions@ncdoi.gov](mailto:SpecialEntitiesSubmissions@ncdoi.gov)



**North Carolina Department of Insurance**

Mike Causey, Commissioner

**Professional Employer Organization (“PEO”)**

**Notification of Initiation of Client Company Relationship**  
*(Multiple Clients)*

Financial Analysis and  
Receivership Division  
Special Entities Section  
1203 Mail Service Center  
Raleigh, NC 27699-1203  
(919) 807-6178  
[www.ncdoi.com](http://www.ncdoi.com)

Pursuant to North Carolina General Statute (“GS”) § 58-89A-110(g) a licensee is required to notify its workers’ compensation carrier, the Commissioner, and the North Carolina Industrial Commission within 30 days of its initiation of a relationship with a client company.

Licensee Name: \_\_\_\_\_

**Client Company Information:**

Client Company Name	Principal Office Address	FEIN	# of Assigned Employees in NC	Telephone Number	Workers' Compensation Code**	Date Relationship Initiated (MM/DD/YYYY)

\*\* - Business Classification Code

1. To the best of your knowledge do any of the client companies named above owe a current or prior carrier any premium for workers' compensation insurance, or do any client companies owe a current or prior PEO amounts due under a PEO agreement, except for premiums or amounts due that are subject to dispute?  
**If "Yes" submit an explanation.**  Yes  No
  
2. If the licensee secures workers' compensation coverage for employees assigned to the client companies named above, is the premium paid by the licensee for the policy commensurate with exposure and anticipated claim experience for all assigned employees covered under such policy?  
**If "Yes" submit an executed form PEO-17. If "No" submit an explanation.**  Yes  No
  
3. In accordance with GS § 58-89A-115, if the licensee is providing a "**new**" insurance or benefit plan for the benefit of its employees assigned to the client companies named above submit a Form PEO-13 and provide benefit summaries (usually 1 or 2 pages) from each carrier and submit an exhibit disclosing answers to each of the following the following questions:
  - What is the type of coverage?
  - What is the identity of each insurer for each type of coverage?
  - Is the coverage fully insured, partially insured, or fully self-funded?

If the insurance or benefit plans are the "**Same**" as previously submitted or if "**None**" so state
  
4. Submit evidence of workers' compensation coverage for the employees assigned to the client companies named above.

Under the penalties of perjury, I attest that I have reviewed this notification and accompanying information, and to the best of my knowledge and belief it is true, correct, and complete.

\_\_\_\_\_  
 Signature of Authorized Individual

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title