



## LOCATION / CLASS CODE / COI REQUEST

### STAR HR Client:

*This form must be completed in its entirety.*

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

New Client Location Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

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: \_\_\_\_\_

### Employee work duties to be performed DO NOT LEAVE BLANK:

Name of your associate that did the worksite location walk through: \_\_\_\_\_

What is the Company's main line of business: \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

List the PPE that is provided to Employees: \_\_\_\_\_

List all tools and/or machinery that the employees will work with: \_\_\_\_\_

List the actual responsibilities of the employees: \_\_\_\_\_

### Certificate of Insurance Information

Is the Cert holder name and address the same as above? ☐ Yes ☐ No

*-If No Please complete Below-*

Name: \_\_\_\_\_ DBA if any: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does the location require a Waiver of Subrogation (WOS): ☐ Yes ☐ No

Does the location require an Alternate Employer Endorsement (AEE): ☐ Yes ☐ No

\$135.00 fee applies for each WOS or AEE request.

Instructions: FEIN is required. Complete employee work duties section. Answer all questions. Note: Please allow 24-48 hours for approval.

**Fill out request in its entirety and email to [risk@starhro.com](mailto:risk@starhro.com).**