

New Client Approval/Rate Request Form

Please email this completed form to mtracy@nsminc.com

Person Completing Form:	24 Hour Exposure? ☐ Yes ☐ No
Insured Name:	Hourly Wage:
Policy # & Policy Effective Date:	Class Code:
Client Company Name:	State of Placement:
Client Address:	Projected Payroll:
Client Web Address:	Projected # of EEs:
Is There or Will There Be a Written Contract With This Client?	Job Start Date:
What does the company do? (nature of business):	
Detailed description of tasks performed by the temporary employees:	
Describe equipment/machinery to be operated:	
Any driving or passenger in vehicle exposure?	
Forklift operations: Yes No If yes, certified? Yes No # of forklift placements: Are stand-up forklifts or motorized pallet jacks utilized? Yes No	
Maximum unassisted weight to be lifted: Is there any use of slings, chains, floor or overhead cranes to move large products? Yes No If yes, explain:	
PPE required? ☐ Yes ☐ No If yes, what?	
Any exposure to chemicals?	
Has the insured completed a physical hazard evaluation of the facility?	
Any height exposure?	
For NSM Only	
Class Code Approved: 🗆 Yes 🗀 No Manual Ro	ite:
Approved Class Codes: Class Desc	pription:
Approved by/Date Approved: Hazard Co	de:
Reason for Denial or Comments or Limitations of Approval:	

- The class code is approved for the client listed above only. All new clients and/or additional class codes for this client 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.

