



WORK COMP SET UP SHEET
(MANDATORY FOR ALL NEW WC CLIENTS)

CLIENT NAME _____

PAY-AS-YOU-GO YES___ NO___

CLIENT IS AWARE OF THE ANNUAL \$200 DOWN PAYMENT: *INITIAL HERE*___

INSURANCE CARRIER_____

POLICY NUMBER_____

EFFECTIVE DATE_____

FEDERAL EIN _____

INSURANCE AGENCY_____

INSURANCE AGENT NAME_____

INSURANCE AGENT PHONE # _____

FIRST SFPS PAY DATE_____

OUT OF STATE EMPLOYEES? YES___ NO___

NAMES OF EXEMPT OWNERS & OFFICERS

NET RATE(S):

CLASS CODE_____ RATE_____ DEPT_____

CLASS CODE_____ RATE_____ DEPT_____

CLASS CODE_____ RATE_____ DEPT_____

CLASS CODE_____ RATE_____ DEPT_____

CLASS CODE_____ RATE_____ DEPT_____

(INITIAL HERE) NORTH FLORIDA PAYROLL EMPLOYEE WORKSHEET WITH
INDIVIDUAL CLASS CODES FOR EMPLOYEES HAS BEEN FAXED TO AND RETURNED BY
INSURANCE AGENT AND IS ATTACHED.