



Employer Admin Service – Application

Company Name: _____

Contact: _____ Safety Rep. _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Annual Employer Admin Service Fee Level
(Includes all employees as indicated on your SSQ)

- 1- 99 Employees \$ 350.00
- 100 -149 Employees \$ 450.00
- 150 - 249 Employees \$ 550.00
- 250 - 500 Employees \$ 850.00
- 500 - 1000 Employees \$ 1250.00
- 1000 - 1500 Employees \$ 1500.00
- 1500+ Call for a quote and special license agreement

Effective for one year (from: ___/___/___ thru ___/___/___)

PAYMENT:
Purchase Order#

Credit Card: Master Visa Disc Amex
Card Number: _____
Exp. Date: _____
Name on Card: _____

Please Fax Application to:
1 (985) 892-8114

Check # _____
Make checks payable to PEC/Premier