



Professional Employer Organization Workers' Compensation Attestation

Submit to: Christine.Williams@ncdoi.gov

Financial Oversight and Special Entities Division
1203 Mail Service Center
Raleigh, NC 27603-1299
(919) 807-6612
www.ncdoi.gov

Applicant/Registrant/Licensee Name:

Date: _____

The undersigned hereby attests that, to the best of my knowledge and belief, the above identified Applicant/Registrant/Licensee has provided to its workers' compensation carrier all of the proper and necessary documentation to allow the carrier to determine and charge a premium that is commensurate with the exposure and anticipated claims experience for all employees covered under policies issued by the carrier in the name of the Applicant/Registrant/Licensee.

Authorized Signature

Print Name

Title