



**STATE OF WEST VIRGINIA**  
**Offices of the Insurance Commissioner**

Mailing Address:  
 PEO Licensing  
 PO Box 11410  
 Charleston, WV 25339-1410

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 Email: OICPEO@wv.gov  
 www.wvinsurance.gov

Location:  
 PEO Licensing  
 900 Pennsylvania Avenue  
 Charleston, WV 25302

**Professional Employer Organization (PEO) or Group Application**

**TYPE OF REQUEST:**       Initial Licensing Application  
                                    Renewal Application

**APPLICATION FOR:**     Professional Employer Organization  
                                    Professional Employer Organization Group  
                                    Limited License  
                                    ESAC MEMBER

Legal Business Name: \_\_\_\_\_  
 State of Incorporation: \_\_\_\_\_ Date of Incorporation (mm/dd/yyyy): \_\_\_\_\_

Any other business names which are used to conduct business or intends to conduct business in West Virginia.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Type of Organization: (**Include a copy** of the Articles of Incorporation, Partnership Agreement, Certificate of Authority, or Certificate of Limited Partnership)

Corporation       Sole Proprietorship       Partnership       LLC       LLP

WV License # (if renewal): \_\_\_\_\_ Federal ID #: \_\_\_\_\_ Fiscal Year End (mm/dd): \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_

Mailing Address, if different from above: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address of each office maintained in West Virginia. (Use additional pages, if needed.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact Person: \_\_\_\_\_  
 Contact Email Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

List of all client-employers currently in West Virginia (if additional space is needed, please attach a list).

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List each name and jurisdiction where the PEO has operated in the preceding five (5) years. (Attach additional pages, if needed)

**Year    Jurisdiction    Business Name (including alternative names, names of predecessors and successor business entities.)**

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Name of Workers' Compensation provider: \_\_\_\_\_ **Include a copy of current Declaration Page**

### Management

List the name and business experience of the person who serves as a president, CEO or has authority as a senior executive officer.

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

Business Experience: \_\_\_\_\_

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### Ownership Information

Any person who, acting individually or in concert with one or more other persons, owns or controls, directly or indirectly, 25% or more of the equity interests.

Name                                      Complete Address                                      Business Experience                                      % of Ownership

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List the name and address of all officers, directors, partners and shareholders owning 10% or more of any stock in the corporation.

Name                                      Complete Address                                      % of Stock

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## Professional Employer Organization Group

If a PEO Group, list each member (Office) maintained by the PEO Group (Use additional pages, if needed.)

Name:	_____	FEIN:	_____
Address:	_____		
City:	_____	State:	_____
	_____	Zip:	_____
	_____	Telephone:	_____
Name:	_____	FEIN:	_____
Address:	_____		
City:	_____	State:	_____
	_____	Zip:	_____
	_____	Telephone:	_____
Name:	_____	FEIN:	_____
Address:	_____		
City:	_____	State:	_____
	_____	Zip:	_____
	_____	Telephone:	_____
Name:	_____	FEIN:	_____
Address:	_____		
City:	_____	State:	_____
	_____	Zip:	_____
	_____	Telephone:	_____

- Include a copy of the Corporate Resolution, Corporate Registration, Shareholder Report or Interest Holder Report for proof that the organizations are commonly held in the PEO Group under common control of a person or entity in the PEO Group if filing as a PEO Group.**

### Limited License Questionnaire

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the applicant maintain an office in West Virginia? If yes, where?<br>_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does the applicant solicit employers located in West Virginia?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the applicant have more than fifty (50) covered employees in West Virginia?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Does the applicant demonstrate it is licensed or registered as a PEO in another state with substantially similar licensing requirements to those in West Virginia? Please include a copy of the company's Certificate of Authority from the state of incorporation. Also include a copy of the PEO requirements from the state of incorporation. |

### Compliance with West Virginia Laws and Rules

I understand it is my continuing responsibility to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Professional Employer Organization Qualifying Questionnaire

Answer "yes" or "no" to each question. **Do not leave any question unanswered.**

- | <b>Yes</b>               | <b>No</b>                |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has any officer, director, shareholder, partner, proprietor, or responsible management personnel for the applicant ever had a license, certificate, permit, or registration to practice in a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way, or is there any disciplinary action pending against the applicant by any licensing agency? If yes, explain. |
| <hr/>                    |                          |   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Has any officer, director, shareholder, partner, proprietor, or responsible management personnel for the applicant pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? (Minor traffic offenses such as parking or speeding violations need not be listed but motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.) If yes, explain.       |
| <hr/>                    |                          |   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Has any officer, director, shareholder, partner, proprietor, or responsible management personnel for the applicant ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction? If yes, explain.   |
| <hr/>                    |                          |   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Has any officer, director, shareholder, partner, proprietor, or responsible management personnel for the applicant, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)? If yes, explain.   |
| <hr/>                    |                          |   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has any officer, director, shareholder, partner, proprietor, or responsible management personnel for the applicant ever filed for, or been subjected to an involuntary petition for, or been adjudicated bankrupt, or sought protection under the bankruptcy laws during the last ten (10) years? If yes, explain.   |
| <hr/>                    |                          |   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Has there been any judgment or is there any pending judgment entered against any officer, director, shareholder, partner, proprietor, or responsible management personnel for the applicant in any court during the last ten (10) years? If yes, explain.  |
| <hr/>                    |                          |   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Has any officer, director, shareholder, partner, proprietor, or responsible management personnel for the applicant ever been denied a bond, or had a bonding or surety company make a financial settlement on their behalf? If yes, explain.   |
| <hr/>                    |                          |   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Does any officer, director, shareholder, partner, proprietor, or responsible management personnel for the applicant have any outstanding unpaid past due bills, claims for salaries or wages, judgments, assessments, or tax liens? If yes, explain.   |
| <hr/>                    |                          |   |

**(Please see next page for requirements as per results of yes/no answers above.)**

Print Name of Person Completing Questionnaire: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature of Person Completing Questionnaire: \_\_\_\_\_ Date: \_\_\_\_\_

If you answered “yes” to questions 2, 3, or 4 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.

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If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, we may request additional documentation if the information submitted is insufficient.

## Affidavit and Release Authorization

I am the applicant described and identified in this application for licensure in the State of West Virginia.

I am qualified in all respects for license, certificate, or registration for which applying in this application.

To the best of my knowledge, the information contained in the application and its supporting documentation is free of fraud, misrepresentation, or omission of material fact. To the best of my knowledge, the information contained in the application and its supporting documentation is truthful, correct, and complete, and discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the West Virginia Offices of the Insurance Commissioner, in conjunction with this application or its supporting documentation, will meet the standards as set forth.

I understand that it is unlawful and punishable as a Class A misdemeanor to apply for or obtain a license or to otherwise deal with the West Virginia Offices of the Insurance Commissioner or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the West Virginia Offices of the Insurance Commissioner, State of West Virginia, any files, records or information of any type reasonably required for the West Virginia Offices of the Insurance Commissioner to properly evaluate the applicant's qualifications for licensure by the State of West Virginia, including the criminal history background performed by the West Virginia Bureau of Criminal Identification.

Print Name of Person Completing Affidavit: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Person Completing Affidavit: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF

COUNTY OF

On the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned, a Notary Public in the State of \_\_\_\_\_ personally appeared \_\_\_\_\_ to me known to be the identical person named in and who executed the foregoing instrument, and acknowledged that he/she executed the same as his/her voluntary act and deed.

(SEAL)

\_\_\_\_\_  
Notary Public