



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Company Analysis and Examinations Division

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

MEMBER OF ESAC? YES NO

Legal Business Name: _____ Date created in jurisdiction of origin (mm/dd/yy): _____

List 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 #/SSN: _____ Fiscal Year End (mm/dd): _____

Principal Place of Business: _____

Mailing Address, if different from above: _____

City: _____ State: _____ Zip: _____

Accredited by the National Association of Insurance Commissioners

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

Contact Person: _____

Contact Email Address: _____

Telephone: _____ Ext. _____ Fax: _____

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

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.)

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 President, CEO or has authority as senior executive officer.

Name: _____ Position: _____

Business Experience: _____

Accredited by the National Association of Insurance Commissioners

Ownership Information

List 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
------	------------------	---------------------	----------------

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
------	------------------	------------

Professional Employer Organization Group

If applying for 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.

If applying for Limited License, completed the following Questionnaire.

Accredited by the National Association of Insurance Commissioners

P.O. Box 50540 – Charleston, WV 25305-0540

Phone: (304)558-2100 – Fax: (304)558-1365

Email: OICfinancialconditions@wv.gov

Form PEO-1
(Rev. 10/2019)

Limited License Questionnaire

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the applicant maintain an office in West Virginia? If yes, where? |
| <hr/> | | |
| <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. |

All must sign the following:

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: _____

Accredited by the National Association of Insurance Commissioners

Professional Employer Organization Qualifying Questionnaire

All PEO types must answer “yes” or “no” to each question. **Do not leave any question unanswered.**

- | Yes | No | |
|--------------------------|--------------------------|---|
| <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. |

(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: _____

Accredited by the National Association of Insurance Commissioners

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.

If you answered “yes” to any of the above questions, enclose 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.

Accredited by the National Association of Insurance Commissioners

All PEO types must sign and notarize:

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 _____ 20__, 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

Accredited by the National Association of Insurance Commissioners