



**Business Owners Information**

Company Legal Name/DBA

Address

City  State  Zip

FEIN

Key Contact  Phone

Email Address  First Period End Date\*\*  /  /

Policy Effective Date  /  /

\* If sole proprietorship    \*\* After policy effective date

**Excluded Owners/Officers (not applicable to self-reporters)**

#	Employee ID#	Name
1		
2		
3		
4		

Note: Employee ID#s are critical to the processing of your payroll files and they must match those provided by your payroll vendor. Also, if more than four, please provide separately.

**Insurance Agency Information**

Agency Name

Agent Name

Agent Address

Agent Phone  Email Address

**Payroll Vendor Information**

Pay Cycle: (check one)     Weekly     Bi-weekly     Semi-monthly     Monthly

Payroll Vendor

Contact Name  Phone

Email Address

For questions, please contact 877.905.0786 or email us at support@smartpayllc.com.  
We appreciate your business. We look forward to serving you!