



New Location Request Form

Client Name:

Client ID:

Location Address:

City, State, Zip Code:

County:

Is this a Location Address, Third Party Address or Employee Address?

Job Position(s) needed:

Estimated# of Employees by WC Class Code(s):

Annual Payroll by WC Class Code(s):

Start Date:

Pay Period:

Departments Needed:

Shipping Instructions:

Special Instructions: