



Client Request for Additional WC Class Code

Client ID Number		Date Requested	
Client Name			
Contact Name		FEIN Number	
Phone Number	()	Fax Number	()
Pay Frequency (Circle)	W BW SM MO	NAICS Code	
WC Code Requested		WC Class Code State	
Est. Annual Payroll \$\$		# of Employees on the Code	
*Physical Address of Work Performed or Operation Headquarters			
Address			
City		State	Zip Code
*Detailed Description of Duties Performed By Class Code			
(For multiple code use)			
WC Code Requested		WC Class Code State	
Est. Annual Payroll \$\$		# of Employees on the Code	
*Physical Address of Work Performed or Operation Headquarters			
Address			
City		State	Zip Code
*Detailed Description of Duties Performed By Class Code			