

Class Code Referral Form

Please provide sufficient information so a determination on eligibility can be made. A separate documentation is required for each client and code request.

Please e-mail or fax this completed for to ClassCode@AthlonRisk.com or fax to 714-602-1163

Providing incomplete or vaguely worded forms may cause a delayed response.

Person Completing Form		Date Completed:	
Insured Name:		Hourly Wage:	
Policy#:	Effective Date:	Est. # of Employees:	Estimated Payroll:
Client Name		Class Code:	24 Hour Exposure?
Client Address:		Client Web Address:	
Placement Client's Primary Raw Materials, Manufacturing Process & End Products:			
Detailed Description of Tasks Performed by the Temporary Employees:			
Outline Losses Associated with this Client:			
Forklift Operations		If "Yes", Certified?	
☐ Yes ☐ No Machinery or Equipment Operations?		☐ Yes ☐ No If "Yes", What Operations?	
☐ Yes ☐ No Maximum Unassisted Weight to be lifted?		Are there any working height/depths exposures?	
Waximum onassisted weight to be inted.		Yes No	
Personal Protective Equipment (PPE) Required?		If "Yes", what is required?	
Yes No	. r zy neganica.	ii res , what is required.	
Any exposure to chemicals?		If "Yes", what kinds?	
☐ Yes ☐ No		,	
Other Comments or Information that may be helpful:			
For Carrier Use Only			
Class Code Approved:	. or curr	Reason for Denial:	
☐ Yes ☐ No			
Approved by:		Date Approved:	
Comments or Limitations of Approval:			

Please note: If approval of this code is given and coverage is bound, the approval only applies to the client and job presented in this form. Any new clients or job duties associated with this code must be pre-approved prior to making placements. Additionally, if you decide to move forward and make a placement using a class code not previously included on your current policy, a written request has to be made to Contact@AthlonRisk.com to have the class code added to your insurance policy.