# PEO Workers Compensation Verification Checklist



PEO legal name

Client legal name

Agreement start date

Agreement end date

Work states

Carrier

Policy number

Policy period

Policy structure

Named insured wording

Leased workers covered

Direct workers covered

# PEO Workers Compensation Verification Checklist



Employers liability limits

Other states wording

Monopolistic state issue

COI process

Claims reporting contact

Payroll / class codes

Owner / officer elections

Experience data access

Loss run contact

Exit transition owner

Replacement coverage date

Next review date