

Please - Do Not Staple

Chapter 202, Wis. Stats.
Subchapter II

STATE OF WISCONSIN
Department of Financial Institutions

Division of Corporate and
Consumer Services,
Charities Section



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ASSURANCE ORGANIZATION
CERTIFICATION for
PROFESSIONAL EMPLOYER
GROUPS and PROFESSIONAL
EMPLOYER ORGANIZATIONS

Courier Address:
4822 Madison Yards Way
North Tower
Madison, WI 53705

Fax: (608) 267-6813

Legal name of applicant: _____

FEIN #: _____

Legal name of assurance organization: _____

FEIN #: _____

Applicant's Certification Request and Information Release Authorization

The above named professional employer organization or professional employer group ("Applicant") requests the above named assurance organization ("Assurance Organization") to assist Applicant in complying with registration requirements of the Wisconsin Department of Financial Institutions ("Department") under Chapter 202, subchapter III, Wis. Stats.

THE ASSURANCE ORGANIZATION IS HEREBY AUTHORIZED to release to the Department confidential information on behalf of Applicant in support of initial and renewal registration as required by the Department, including but not limited to the following information to be made available to duly authorized Department personnel through secure Internet access (hereinafter collectively the "Release"):

1. Basic Applicant information
 - Name of all Applicant-relevant entities under common control
 - Headquarter address
 - Physical location of offices in Wisconsin
 - Contact information for Applicant
 - Parent and cross guaranties of all relevant entities
 - Copy of surety bonds covering Applicant
2. Controlling persons information and attestations
3. Financial information
 - Most recent Fiscal Year End (FYE) audited financial statements
 - Spreadsheet showing prior FYE audited financial information and year-to-date calendar quarter updates, if available, including current assets & liabilities, net worth, net worth ratio, working capital and net income for each period
 - Quarterly certifications by an independent CPA of the timely payment of state and federal payroll taxes, insurance premiums and contributions to employee retirement plans for most recent calendar quarter and prior five calendar quarters, if available
4. Insurance information
 - Workers' compensation information
 - Health insurance information
5. Information regarding Applicant's continuing compliance with Assurance Organization's accreditation standards and procedures.

This Release authorization shall apply to acts by the Assurance Organization, its agents, employees, and other designated representatives, who provide confidential information to the Department as part of this application and subsequent compliance reporting as required by the Department. Applicant on behalf of itself, its controlling persons, officers, directors, employees and

agents, hereby indemnifies and holds harmless the Assurance Organization and its agents, employees, and other designated representatives and the Department and its agents, employees, and other designated representatives from any and all claims or damages that may arise as a result of the Release of information about Applicant or its controlling persons to the Department.

THE DEPARTMENT IS HEREBY AUTHORIZED to accept information provided by the Assurance Organization for annual certification of Applicant as required by Chapter 202, subchapter III, Wis. Stats.

THE DEPARTMENT IS ALSO HEREBY AUTHORIZED to release or disclose to Assurance Organization any information or document within its possession concerning Applicant or Applicant's controlling persons. Such authorization shall continue during accreditation by Assurance Organization and registration by the Department.

Applicant on behalf of itself, its controlling persons, officers, directors, employees and agents, hereby indemnifies and holds harmless the Assurance Organization and its agents, employees, and other designated representatives and the Department and its agents, employees, and other designated representatives from any and all claims or damages that may arise as a result of the Release of information about Applicant or its controlling persons to the Assurance Organization.

Applicant's Certification of Compliance

I hereby certify, under penalty of perjury, that the above named Applicant is in full and complete compliance with all requirements for certification under Chapter 202, subchapter III, Wis. Stats., and that all of the information submitted in this Application and all of the information provided to the Assurance Organization for compliance with its standards and procedures is true and complete, including information submitted by Applicant via the Assurance Organization's online eMAC system in compliance with the laws in the state of Wisconsin. I am aware that submitting late or false information or omitting pertinent or other material information in connection with this application is grounds for denial or revocation of registration and may subject me to forfeitures. I further certify that I grant permission to the Department and the Assurance Organization to verify information with any federal, state, or local government agency, current or former employer, or insurance company.

WITNESS THE SIGNATURE of Applicant's duly authorized representative who on behalf of Applicant hereby agrees with and consents to be bound by the provisions of this application.

Signature: _____ Title: _____

Name: _____ Date: _____

Payment of a non-refundable fee of \$75.00 must accompany this application.

Assurance Organization Certification of Compliance

Assurance Organization does hereby certify that Applicant is in compliance with Assurance Organization's standards and procedures, which meet the requirements of Chapter 202, subchapter III, Wis. Stats. Such certification shall be continuous and ongoing until the Assurance Organization notifies the Department in writing within five (5) business days of determination by Assurance Organization of the failure of Applicant to meet the qualifications: (a) for registration under Chapter 202, subchapter III, Wis. Stats.; or (b) for accreditation by Assurance Organization.

WITNESS THE SIGNATURE of the Assurance Organization's duly authorized representative who on behalf of Assurance Organization hereby agrees with and consents to be bound by the provisions of this application.

Signature: _____ Title: _____

Name: _____ Date: _____

This form is required under Section 202.12, Wisconsin Statutes. Refusal to provide this information may result in the denial of this registration application. Personally identifiable information on this form may be matched against tax information, outstanding child and family support data and law enforcement agencies. Failure to complete this application completely and accurately may result in denial or revocation of registration, and any other penalties as provided by law.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.