



Class Code Referral Form

This form is to be completed for all ineligible or restricted classifications. Please provide sufficient information so a determination on eligibility can be made. **A separate documentation is required for each client and code request.**

Person Completing Form:	Date Completed:
Insured Name:	Hourly Wage:
Class Code/Description Desired:	24 Hour Exposure?
Client Name:	State of Placement:
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 <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Machinery or Equipment Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what?	
Maximum Unassisted Weight to be lifted	
PPE Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what?	
Any exposure to chemicals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kinds?	
Other Comments or Information that may be helpful:	
For NSM Only	
Class Code Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Denial:
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.