

PremiumSyncSM Registration Form

Name Insured Policy # (if available)
Key Contact Phone
Email Is this person ACH Authorized?

If not, please provide the following: ACH Authorized Contact Person

Phone Number Email
Agency Name CSR
Phone Email

Payroll Information

*If your payroll company is on-boarded with SmartPay, your payroll can be uploaded automatically. Otherwise, you will be responsible for self-reporting payroll. If you use QuickBooks, ADP or Paychex you may be eligible for the SmartPay Reporting Service (SPRS). If you are ineligible for this program or you do not want to participate in this option you will need to self-report your payroll information. **If you are not interested in the SmartPay Reporting Service please do NOT fill out the attached SPRS registration form.***

Payroll Reporting Method (check one):

Onboarded payroll vendor (name) Email

Self-reporting

SmartPay Reporting Service if you use ADP, Paychex or Quick Books you may be eligible for this option through SmartPay. This option has an annual \$325 fee. This option is a separate contract between you and SmartPay. [If you are interested in applying please complete the attached SPRS Registration Form.](#)

Your current payroll cycle (frequency of paychecks) (check one):

Weekly **Bi-Weekly** **Semi-monthly** **Monthly**

First Check Date (on or after policy effective date)

If you would like us to contact your payroll company about the possibility of automatic payroll entry, please complete the following:

Payroll Company Phone
Key Contact Email
Address

Please note -An EFT form should not be submitted to Berkley Southwest. You will provide your banking information during online registration with SmartPay.

Please return completed registration form to:
PremiumSync Administrator - Billing
PremiumSync@berkleysw.com
Fax 888-722-1587



Reporting Service (SPRS) Registration Form

To be eligible for this service the insured must meet requirements R. 1, R. 2 & R. 3 below, and there must be a report meeting these requirements for each reporting period.

The SPRS fee for the policy term is a \$325 one-time fee for each payroll (see item R. 4).

A) Named Insured:	
B) Contact Name (First Last):	
C) Contact Email Address:	
D) Contact Phone Number:	

SPRS Reporting Information		
	Yes	No
R. 1) I authorize SmartPay Solutions to immediately bill and collect a one-time SPRS fee via ACH using the banking information provided to SmartPay.	<input type="radio"/>	<input type="radio"/>
R. 2) Is there a report available that provides total subject wages by class code or components of subject wages by class code?	<input type="radio"/>	<input type="radio"/>
R. 3) Are class codes assigned to each employee within the payroll system?	<input type="radio"/>	<input type="radio"/>
R. 4) Are there multiple payrolls to be reported separately - multiple FEINs, pay cycles, locations, etc. (If yes, and it's more than 3, please attach additional information)?	<input type="radio"/>	<input type="radio"/>

Entity Name:			
Pay cycle: How often are employees paid (weekly, bi-weekly, semi-monthly, monthly)?			
First pay date in the policy term:			
<u>Payroll Service Provider:</u>			
If ADP, indicate platform (Run, WorkForce Now, Other: Specify):			
If Paychex, indicate platform (Flex, Other: Specify):			
If QuickBooks, indicate platform (Full Service, Other: Specify):			
If Other; indicate payroll vendor name, City & State; and platform:			

I confirm I have read, understand and agree to the terms described above. I have provided the requested information and am authorized to sign on behalf of the policyholder.

Signature _____

Name (printed) _____ Date ____ / ____ / ____

EMAIL THIS FORM TO: payroll@smartpayllc.com.

For questions please contact 877.905.0786 or email us at support@smartpayllc.com.