



TEMPORARY EMPLOYMENT AGENCIES SUPPLEMENT

(Include Acord application)

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

Is applicant properly licensed where required by law? Yes No License Number _____
 Number of active owners/officers/partners: _____ Number of Employees _____
 Does applicant carry Workers' Compensation coverage on temporary employees? Yes No
 Does applicant subcontract work to others? Yes No
 If yes, are certificates of insurance required? Yes No
 Do subcontractors name the applicant as additional insured? Yes No
 Are reference/background checks required on all temporary employees? Yes No
 Does the applicant provide leased employees to others? Yes No
 Any assignment of temporary workers longer than six months? Yes No
 Estimated annual: Payroll (excl. owner) _____ Receipts _____ Subs Costs _____
 Please provide payroll breakdown between: Clerical _____ and Non-clerical _____

Please provide breakdown of all Non-clerical operations.								
Light Industrial (List Classes)	Payroll	%	Heavy Industrial	Payroll	%	Professional	Payroll	%
			Retail	Payroll	%	Contracting	Payroll	%

Attach a copy of the applicant's contract(s) last Workers Compensation audit.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date