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