TEMPORARY EMPLOYMENT AGENCIES SUPPLEMENT

(Include Acord application)

Moiling Address:				Location Address:					- - -
Is applicant properly licensed where required by law? Yes No License Number Number of active owners/officers/partners: Does applicant carry Workers' Compensation coverage on temporary employees? Does applicant subcontract work to others? If yes, are certificates of insurance required? Do subcontractors name the applicant as additional insured? Are reference/background checks required on all temporary employees? Does the applicant provide leased employees to others? Any assignment of temporary workers longer than six months? Estimated annual: Payroll (excl. owner) Receipts and Non-clerical							Yes No		
		Pleas	e provide breakdowi	n of all Non-clerical o	perati	ons.			
Light Industrial (List Classes)	Payroll % Heavy		Heavy Industrial	Payroll	%	Professional	Payroll		%
									-
									+
	Retail		Retail	Payroll	%	Contracting	Payroll		%
									_
									-
									+
				orkers Compensa					•
application for i concerning any	nsurance containi fact material ther	ng fa eto, c	lse information, or	ny insurance compa conceals for the pu nt insurance act, wh ce transaction.	rpose	of misleading, inf	ormatic		
Applicant's Signature				Producer's Signature				Date	