



**MASSACHUSETTS WORKERS' COMPENSATION ASSIGNED RISK POOL
CLIENT OF LABOR CONTRACTOR SUPPLEMENTAL APPLICATION**

If you are making application for Assigned Risk Pool coverage, refer to the *Pool Procedures for New Applications* on www.WCRIBMA.org.
If you regularly have employees provided to you by another business, whether from an employee leasing company, PEO, staffing agency, or temporary employment agency, complete a separate Client of Labor Contractor Supplemental Application for each company from whom you obtain employees.

EMPLOYER INFORMATION

From Part I of the Client Company's Application for Assigned Risk Pool Coverage.

1. Client Name: _____
2. a. FEIN: _____ b. Website: _____

LABOR CONTRACTOR INFORMATION

3. Labor Contractor Company Name: _____
4. a. FEIN: _____ b. Website: _____
5. Do you have a written contract with the labor contractor named above? **IF YES, ATTACH A COPY.** ☐ YES ☐ NO
6. The labor contractor is required to provide workers' compensation insurance for the employees they provide to you.
ATTACH EVIDENCE OF SUCH INSURANCE. (Not applicable if a PEO has allocated workers' compensation responsibilities to the client.)

EMPLOYEES PROVIDED

7. Employees Obtained: Supply information about all employees provided to you for the past 12 months by the labor contractor named above.

Duties	# of Employees	Estimated Payroll / Cost of Service

8. What type of services does the above labor contractor provide to your organization?
- | | |
|--|--|
| ☐ Employee Leasing | ☐ Special Assignment or Project Work |
| ☐ Long Term Staffing (more than 6 months) | ☐ Provide Supplemental Help for Seasonal Business Increases |
| ☐ Temporary to Permanent Hire by the Client | ☐ Provide Temporary Replacements for Absent Employees |
| ☐ Placement Services (client pays employees) | ☐ Provide Skilled Professionals during Skill Shortages |
| ☐ PEO with Workers' Compensation Allocated to PEO | ☐ PEO with Workers' Compensation Allocated to Client |
| ☐ Other (describe in detail): _____ | |
9. Explain how frequently you obtain employees from the labor contractor named above and how long you expect the arrangement to last.

10. Do you obtain your entire workforce from the labor contractor named above? ☐ YES ☐ NO
11. If you no longer obtain employees from the labor contractor named above, provide the termination date. _____
12. Do you regularly use the services of any other labor contractors? ☐ YES ☐ NO
If YES, complete a separate Client of Labor Contractor Supplemental Application for each, **AND ATTACH.**

EMPLOYER & PRODUCER STATEMENTS: I understand that this Client of Labor Contractor Supplemental Application is being submitted as an attachment to the employer's Massachusetts Assigned Risk Pool Application for Workers' Compensation Insurance and is part of that application. By signing this application, I am stating that I am the employer or have been authorized by the employer to complete this application, and I have read, understand and confirm that the Applicant's Agreements, the Fraud Notice, and the Producer's Statement agreed to on the Pool Application are applicable to this form as well.

EMPLOYER'S SIGNATURE (Sole Proprietor, Partner, Officer, Member or Trustee)	DATE	PRODUCER'S SIGNATURE	DATE