



MASSACHUSETTS WORKERS' COMPENSATION ASSIGNED RISK POOL EMPLOYEE LEASING 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 lease employees to other businesses, complete a separate Pool Application and a separate Employee Leasing Supplemental Application for each client to whom you lease employees.

If you lease employees from another business, complete a Client of Labor Contractor Supplemental Application.

EMPLOYEE LEASING COMPANY INFORMATION

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

1. Employee Leasing Company Name: _____
2. a. FEIN: _____ b. Website: _____

CLIENT COMPANY INFORMATION

3. Client Company Name: _____
The name of the Sole Proprietor, General Partner(s) or Trustee(s) must be given with the trade name, if any.
4. Address: _____
5. a. FEIN: _____ b. Website: _____
6. Legal Status: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Trust ☐ LLC ☐ Other _____
7. Nature of Client's Business: _____
8. Client's Insurance Record: Provide the client's current or most recent workers' compensation insurance policy information.
- | Insurance Company | Policy Number | Policy Period | Premium |
|-------------------|---------------|---------------|---------|
| _____ | | | |

LEASED EMPLOYEES

9. Do you provide the client named above with its entire workforce? ☐ YES ☐ NO
10. Do you have a written contract with the client named above? **IF YES, ATTACH A COPY.** ☐ YES ☐ NO
11. Labor Leased: Provide information about all employees leased by you to the client named above. Attach if necessary.

Class Code	Duties	Number of Employees	Estimated Payroll	Estimated Premium

12. **ATTACH A LIST OF ALL LEASED EMPLOYEES.** The list must include each employee's name, address, duties and estimated annual payroll.
NOTE: The employee count and the payroll by classification on the Pool Application, the Supplemental Application and the attached list of employees must agree.

EMPLOYER STATEMENT: As an owner or officer of an employee leasing company who operates in Massachusetts, I have read and understand Massachusetts Division of Insurance Regulation 211 CMR 111.00. I understand that my violation of 211 CMR 111.04-.05 shall be considered fraud or material misrepresentation and grounds for cancellation or nonrenewal.

EMPLOYER & PRODUCER STATEMENTS: I understand that this Employee Leasing 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