



**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.

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?
- | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Employee Leasing | <input type="checkbox"/> Special Assignment or Project Work (with a defined end date) |
| <input type="checkbox"/> Professional Employment Organization (PEO) | <input type="checkbox"/> Special Assignment or Project Work (with no defined end date) |
| <input type="checkbox"/> Long Term Staffing (more than 6 months) | <input type="checkbox"/> Provide Supplemental Help for Seasonal Business Increases |
| <input type="checkbox"/> Temporary to Permanent Hire by the Client | <input type="checkbox"/> Provide Temporary Replacements for Absent Employees |
| <input type="checkbox"/> Placement Services (client pays employees) | <input type="checkbox"/> Provide Skilled Professionals during Skill Shortages |
| <input type="checkbox"/> 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