

**MASSACHUSETTS EXCLUSION OF COVERAGE
FOR LEASED EMPLOYEES ENDORSEMENT
(LABOR CONTRACTORS)**

This policy applies only with respect to those of your employees who are not leased to a client company under an "employee leasing arrangement" as defined in Massachusetts Regulation 211 CMR 111.00.

This policy provides coverage for the insured labor contractor's own staff and any employees provided on a temporary basis during seasonal or unusual conditions, including by way of example and without limitation:

- To cover employee absences or leaves from which the permanent employee will return to work, such as maternity leave, vacation, or jury duty.
- To fill temporary skill shortages for a specified period of time.
- To temporarily staff for seasonal workload for a specified period of time.
- To staff a special assignment or project for a specified period of time where the employee(s) will be terminated or reassigned upon completion.
- To cover temp-to-hire or probationary hiring situations.

If, at any time, the insured employer enters into an employee leasing arrangement as defined in Massachusetts Regulation 211 CMR 111.00, then it is the responsibility of the insured employer to purchase and maintain a separate policy providing standard workers' compensation and employers' liability insurance for those leased employees, as required by Massachusetts Regulation 211 CMR 111.04.

Note:

1. This endorsement must be attached to every policy where the named insured is an employee leasing company, as defined in Massachusetts Regulation 211 CMR 111.00, to restrict coverage to the leasing company's non-leased employees.
2. This endorsement must be attached to every residual market policy where the named insured is a labor contractor to restrict coverage to the labor contractor's non-leased employees.
3. This endorsement may be attached to a voluntary policy where the named insured is a labor contractor to restrict coverage to the labor contractor's non-leased employees.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____