

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

If you provide employees to other businesses but do not consider them to be employee leasing arrangements as defined by 211 CMR 111.03, then complete a Labor Contractor Supplemental Application. Where space restricts a complete answer, attach responses on a separate sheet of paper.

Massachusetts Regulation 211 CMR 111.03 defines an employee leasing arrangement as an "arrangement whereby one business entity provides workers to another business entity under a contract that retains for the lessor a substantial portion of personnel management functions, such as payroll, direction and control of workers, and the right to hire and fire those workers provided by such lessor; provided, however, that the leasing arrangement is long term and not an arrangement to provide the lessee temporary help services during seasonal or unusual conditions such as temporary skill shortages or temporary special assignments and projects."

Note: Any arrangements to provide labor that are not "temporary help services during seasonal or unusual conditions such as temporary skill shortages or temporary special assignments and projects" shall be considered employee leasing arrangements, and each such arrangement will need to be insured on a separate policy in accordance with 211 CMR 111.04.

1. Employer Name: _____

2. a. FEIN: _____ b. Website: _____

3. # of W-2's issued last year: _____ # of 1099's issued last year: _____

4. Do you hire day laborers? YES NO

If YES, how are they paid? _____

5. Do you provide group transportation for your employees? YES NO

6. Do you provide any services or materials other than *people* to your clients? YES NO

If YES, describe the services or materials provided. _____

7. Indicate ALL services you provide:

- | | |
|---|--|
| <input type="checkbox"/> Employee Leasing | <input type="checkbox"/> Special Assignment or Project Work (with no defined end date) |
| <input type="checkbox"/> Professional Employment Organization (PEO) * | <input type="checkbox"/> Special Assignment or Project Work (with a 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 Service (client pays employees) | <input type="checkbox"/> Provide Skilled Professionals during Skill Shortages |
| <input type="checkbox"/> Other (describe in detail): _____ | |

8. **ATTACH** any contracts, brochures, and promotional materials utilized by your organization.

9. **ATTACH** a complete list of your clients for the past 6 months, and for each client, provide:

- The client's name and address;
- The nature of the client's business and the job descriptions of the employees provided;
- The number of employees provided and how often/frequently they were provided;
- The start and end dates of the arrangement; and
- A description of the circumstances under which employees were provided. **

* *In Massachusetts, PEOs who have been allocated responsibility for workers' compensation are required to obtain employee leasing policies for their employees.*

** *Examples of circumstances under which employees may have been provided: Temporary to permanent hire by the client; covering for employee absences or leave; filling temporary skill shortages; staffing for a seasonal increase in business; staffing for a special temporary assignment or project; or meeting daily staffing needs.*

EMPLOYER & PRODUCER STATEMENTS: I understand that this 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