

NORTH CAROLINA PROFESSIONAL EMPLOYER ORGANIZATION (PEO) EXTENSION ENDORSEMENT

Certain words and phrases in this endorsement are defined as follows:

Client or Client Company: A person or entity that contracts with a licensee (licensed professional employer organization group) and is assigned employees by the licensee (licensed professional employer organization group) under that contract.

Professional Employer Organization (PEO): A person that offers professional employer services. The term PEO includes "staff leasing service companies," "employee leasing companies," "staff leasing companies" and "administrative employers" who offer or propose to offer professional employer services in North Carolina.

This endorsement is used to extend coverage to leased workers provided by the PEO listed in Item 1 of the Schedule and shown as Named Insured on the policy to the client listed in Item 2 of the Schedule, in the state listed in Item 3 of the Schedule. Your policy, to which this endorsement is attached, provides coverage for workers you lease to any client listed in the Schedule. This endorsement does not extend coverage to temporary employees.

Your policy, to which this endorsement is attached, does not provide coverage to your direct workers unless such coverage is selected by marking the box by the statement below:

Direct workers of the Named Insured on the policy are provided coverage.

(This option is available only if the policy is written on a master policy basis.)

The insurance afforded by this endorsement applies only to the parties named in the Schedule.

- | | Schedule | Address |
|--------------------------------------|-----------------|----------------|
| 1. PEO | | |
| 2. Client | | |
| 3. State where Work Performed | | |

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 _____