

NORTH CAROLINA WORKERS COMPENSATION INSURANCE PLAN

CLIENT SUPPLEMENTAL EMPLOYEE LEASING APPLICATION

1. Name of Employer _____ Risk ID _____
Address _____ FEIN _____

2. Do you include these leased employees under your Workers Compensation Insurance Policy ? Yes No.

3. Is workers compensation insurance coverage provided for these employees by the company that is leasing the employees to you? Yes No.

4. If yes, is a Certificate of Insurance furnished to you ? Yes No.
If yes, attach copies of the most current Certificates.

5. Name, address and FEIN (if known) of each company leasing employees to you.
(Exclude any temporary employment, i.e. arrangements when employees are furnished for short periods of time to substitute for permanent employees or to meet temporary work loads.)

6. Do you have a written contract with the company leasing employees to you? Yes No.
If yes, attach a copy of the contract.

7. Describe completely the kinds of operations that will be performed by the leased employees.

8. Show the number of employees furnished and estimated payroll by work location.

<u>State</u>	<u>Location</u>	<u>Class Code</u>	<u>No. of Employees</u>	<u>Estimated Payroll</u>	<u>Premium</u>
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9. List the office address(es) where payroll records are kept for the leased employees.

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>Zip</u>
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10. Applicant's Name (print or type) _____

Signature _____ Date _____