

NORTH CAROLINA WORKERS COMPENSATION INSURANCE PLAN
LABOR CONTRACTOR SUPPLEMENTAL EMPLOYEE LEASING APPLICATION

(Please print or type. Attach separate forms if necessary)

A labor contractor (lessor) leasing workers to another entity or entities must supply all requested information on Side A and Side B of this application. Exclude any temporary help service provided. For purposes of this application, temporary help service means a service whereby the labor contractor hires its own employees and assigns them to clients for a finite time period to support or supplement the client's work force in special work situations such as employee absences, temporary skill shortages and seasonal workloads.

Name of Labor Contractor: _____

SIDE A: LABOR CONTRACTOR

1. Attach a list, by jurisdiction, of each and every name that the labor contractor has operated under in the preceding five (5) years (including any alternative names and names of predecessors and successor business entities) along with the policy number and carrier for each workers compensation insurance policy issued to the labor contractor under each and every such name in the preceding five (5) years and a copy of the most recent Form 941, or its equivalent, filed with the United States Internal Revenue Service by the labor contractor.
2. Attach a list of each and every person or entity who owns a five percent (5%) or greater interest in the labor contractor now, at the time of application, and a list of each and every person for entity who formerly owned a five percent (5%) or greater interest in the labor contractor or its predecessors, successors or alter egos in the preceding five (5) years. Include the percentage of ownership for each person or entity and whether or not those parties are employed by or have any interest in another company.
3. For each person or entity identified in section 2 above, attach a list of all other labor contractors in which each such person or entity owns or owned a five percent (5%) or greater interest and a list of all other businesses in which each such person or entity or combination of two or more such persons or entities owns or owned a fifty percent (50%) or greater interest now, at the time of application, or in the preceding five (5) years.
4. Attach a list, by jurisdiction, of each client, along with any other name(s) such client has operated under in the preceding five (5) years, address, and FEIN of each firm; and a copy of the most recent Form 941, or its equivalent, filed with the United States Internal Revenue Service by each client.
5. To the best of your knowledge, do any of the client firms listed have outstanding premium obligations due on any workers compensation policy? ☐ Yes ☐ No. If yes, list firm, amount owed, to which company, and whether the amount is or is not disputed. _____

Labor Contractor's Statement:

The labor contractor attests that all required information is attached and is accurate, to the best of the labor contractor's knowledge and belief. The labor contractor further attests that any and all changes to such information will be supplied to the assigned carrier. The labor contractor agrees to provide or cause to be provided to the assigned carrier claims and other information pertaining to each covered client as required to calculate each client's experience modification.

Labor Contractor's Name: _____
(Print or type)

Signature: _____ Date: _____
(Officer, owner or person authorized to legally bind the labor contractor)

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SIDE B: CLIENT INFORMATION

The labor contractor shall obtain and submit the following information or documentation for each client:

Name of Client: _____

Complete physical address: _____

Payroll Address (may be labor contractor): _____

FEIN: _____ Risk ID: _____

1. Attach a list of the name, address and FEIN (if known) of each labor contractor leasing employees to the client.
(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).
2. Is there a written contract with the labor contractor leasing employees to the client? ☐ Yes ☐ No.
If yes, attach a copy of the contract.
3. Attach a list of each and every person or entity who owns a five percent (5%) or greater interest in the client firm now, at the time of application, and a list of each and every person or entity who formerly owned a five percent (5%) or greater interest in the client firm or its predecessors, successors or alter egos in the preceding twelve (12) months. Include the percentage of ownership for each person or entity.
4. Describe completely the kinds of operations that will be performed by the leased employees. Give a detailed description of the business and operation conducted. _____

5. Based on the description in section 4 above for the client, provide a listing of all leased employees along with their Social Security number, classification code and wages.
6. Attach a sworn written statement signed by the owner, partner or officer authorized to bind the client legally, that states:
 - a. The policy number and carrier for each workers compensation insurance policy issued to the client under each and every name the client has operated under in the preceding five (5) years.
 - b. All of the client's non-leased employees are covered by a workers compensation insurance policy. In addition, the sworn written statement must provide the policy number, carrier, a listing of the number of non-leased employees and the aggregate payroll applicable to each classification code.
7. Please attach a completed NC WCIP application (ACORD 135 NC) for the client. Please note that the application must be signed by an executive officer or owner of the client.