

Provide name of previous labor contractor in Item 1. Provide name of client company in Item 2. If the client company has entered into a leasing arrangement with a new labor contractor, provide the name of the new labor contractor in Item 3.

Item 1—Previous Labor Contractor Risk Name:		Previous Labor Contractor Risk ID:	
Item 2—Client Company Risk Name:		Client Company Risk ID:	
Item 3—New Labor Contractor Risk Name:		New Labor Contractor Risk ID:	

Item 4: Policy Information

Enter data for the policy written for the labor contractor named in Item 1, for the period during which the reported data was developed:				Enter data for the current period:			
1. Effective Date:		1. Effective Date:		2. Policy Number:		2. Policy Number:	
2. Policy Number:		3. Carrier Code and Name:		3. Carrier Code and Name:		4. Exposure State:	
3. Carrier Code and Name:							
4. Exposure State:							

Exposure			Loss									
(1) Class Code	(2) Payroll	(3) Rate	(4) Claim No.	(5) Accident Date	(6) Injury Type	(7) Open/Closed	(8) Claim Class Code	(9) Indemnity	(10) Medical	(11) Actual Incurred Losses	(12) Loss Cov. Act Code	(13) Cat. No.

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This document must be signed by the insurance company that provided coverage for the period the reported data was developed.

We hereby certify that the information given in this report is correct to the best of our knowledge and belief.

Insurance Carrier

Signature

Title

Date

Name of person completing the form:

Telephone Number:
