

Specialty Lines

UNDERWRITERS

1233 North Mayfair Road, Suite 208 • Milwaukee, WI 53226
Phone: 414-778-3560 • Fax: 414-778-3598

SUPPLEMENT FOR EMPLOYMENT RELATED SERVICES

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Applicant's Name: _____ Location Address: _____
Mailing Address: _____
2. Is the Applicant properly licensed where required by law? [] Yes [] No License Number _____
3. Number of active owners/officers/partners: _____ Number of Employees _____
4. Does the Applicant carry Workers' Compensation coverage on temporary employees? [] Yes [] No
5. Does the Applicant subcontract work to others? [] Yes [] No
If Yes, are certificates of insurance required? [] Yes [] No
6. Do subcontractors name the Applicant as an additional insured?..... [] Yes [] No
7. Are reference/background checks required on all temporary employees? [] Yes [] No
8. Does the Applicant provide leased employees to others? [] Yes [] No
9. Is any assignment of temporary workers longer than six months?..... [] Yes [] No
10. Estimated annual: Payroll (excl. owner) _____ Receipts _____ Subs _____
11. Provide payroll breakdown between: Clerical _____ Non-clerical _____

Provide breakdown of all Non-clerical operations.								
Light Industrial (List Classes)	Payroll	%	Heavy Industrial	Payroll	%	Vehicle Operations	Payroll	%
Professional	Payroll	%	Retail	Payroll	%	Contracting	Payroll	%

12. **If independent contractors are used, attach a copy of the independent contractor agreement.**
13. **Attach a copy of the client service agreement relating to staff placements.**

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent within 60 days of the proposed effective date.

Name of Applicant

Title

Signature of Applicant

Date