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TEMPORARY EMPLOYMENT AGENCIES SUPPLEMENT
 (Include Acord Application)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

- 1) Is applicant properly licensed where required by law? Yes No License Number _____
- 2) Number of active owners/officers/partners: _____ Number of Employees _____
- 3) Does applicant carry Workers' Compensation coverage on temporary employees? Yes No
- 4) Does applicant subcontract work to others? Yes No
 If yes, are certificates of insurance required? Yes No
- 5) Do subcontractors name the applicant as additional insured? Yes No
- 6) Are reference/background checks required on all temporary employees? Yes No
- 7) Does the applicant provide leased employees to others? Yes No
- 8) Any assignment of temporary workers longer than six months? Yes No
- 9) Estimated annual: Payroll (excl. owner) _____ Receipts _____ Subs Costs _____
 Please provide payroll breakdown between: Clerical _____ and Non-clerical _____
- 10) Does applicant require leasing client to cover employees under their GL coverage? Yes No
 (Leased employee exclusions are not acceptable)

Please provide breakdown of all Non-clerical operations.

Light Industrial (List Classes)	Payroll	%	Heavy Industrial	Payroll	%	Professional	Payroll	%
			Retail	Payroll	%	Contracting	Payroll	%

Attach a copy of the applicant's contract(s) last Workers Compensation audit.

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____

Signature: _____ Date _____ Signature: _____ Date _____