



**NEW JERSEY WORKERS COMPENSATION INSURANCE PLAN
EMPLOYEE LEASING SUPPLEMENTAL APPLICATION**

DATE (MM/DD/YYYY)

A labor contractor leasing workers to another entity or entities must answer all questions on this application. Exclude any temporary help service provided. For this purpose temporary help service means a service where the labor contractor hires its own employees and assigns them to clients for temporary periods to add to the client's work force in special work situations, such as employee absences, temporary skill shortages and seasonal workloads. Where necessary, use supplemental sheets to provide required detail.

Name of Labor Contractor: _____

<p>1. Has the labor contractor operated under any other name, in any jurisdiction, in the past five (5) years? If "YES", complete the following.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">STATE NAME(S)</th> <th style="width:25%;">INSURANCE COMPANY</th> <th style="width:10%;">POLICY #</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:20%;">ANNUAL PREMIUM</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	STATE NAME(S)	INSURANCE COMPANY	POLICY #	FROM	TO	ANNUAL PREMIUM													YES	NO
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	<input type="checkbox"/>	<input type="checkbox"/>																		

<p>2. OWNERSHIP. List every person or entity owning a 5% or more interest in the Labor Contractor now. Include the percentage of ownership for each person or entity, duties and annual salary.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">NAME</th> <th style="width:25%;">TITLE</th> <th style="width:10%;">% OWNERSHIP</th> <th style="width:20%;">DUTIES</th> <th style="width:20%;">ANNUAL SALARY</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	NAME	TITLE	% OWNERSHIP	DUTIES	ANNUAL SALARY											YES	NO
NAME	TITLE	% OWNERSHIP	DUTIES	ANNUAL SALARY													
	<input type="checkbox"/>	<input type="checkbox"/>															

<p>3. Do any principal owners of the labor contractor have any ownership interest in any other business entities, in any jurisdiction? If "YES", provide name and address(es) of other business interests, names of all owners, percentage of ownership, name of insurance carrier and policy number.</p>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

<p>4. List all clients of the labor contractor, whether or not covered by this insurance, including any other name(s) the client operated under in the last five (5) years. Include the address, NJTIN, FEIN and physical location of payroll records for each firm.</p> <p>CLIENT INFORMATION - The labor contractor must submit the following information for each client.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:65%;">LEGAL BUSINESS NAME OF CLIENT</td> <td style="width:15%;">NJTIN</td> <td style="width:20%;">FEIN</td> </tr> <tr> <td>COMPLETE PHYSICAL ADDRESS</td> <td colspan="2">PAYROLL ADDRESS</td> </tr> </table>	LEGAL BUSINESS NAME OF CLIENT	NJTIN	FEIN	COMPLETE PHYSICAL ADDRESS	PAYROLL ADDRESS		YES	NO
LEGAL BUSINESS NAME OF CLIENT	NJTIN	FEIN						
COMPLETE PHYSICAL ADDRESS	PAYROLL ADDRESS							
	<input type="checkbox"/>	<input type="checkbox"/>						

<p>5. Does the labor contractor have any outstanding premium due on any workers' compensation policy? If "YES", amount owed, to which company, whether the amount is disputed. Include explanation.</p>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

<p>6. Is labor contractor duly registered with the NJ Dept. of Labor and Workforce Development? If "NO", explain.</p>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

FOR LABOR CONTRACTOR / CLIENT COVERAGE

<p>1. Is there a written contract between the labor contractor and the client?</p>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Does client lease entire workforce from this labor contractor? If "NO", explain and provide coverage information for non-leased workers.</p>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Is client contractually affiliated with any other labor contractor? If "YES", explain fully including legal name, mailing address and coverage information.</p>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Does client firm have any outstanding premium due on any workers' compensation policy? If "YES", provide name of insurance company, policy number, effective dates and amount outstanding.</p>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Do any other clients of labor contractor have current coverage through NJWCIP? If "YES", provide name of client(s) and assigned carrier(s).</p>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

LABOR CONTRACTOR'S STATEMENT

The labor contractor certifies that all information contained herein, as well as that contained in the primary application, is true, complete and accurate. As a co-employer of the client entity, it is hereby certified that the labor contractor has fully read the Instructions and Applicant Certification and, by signature below, understands and acknowledges that the responsibilities and liabilities contained therein are co-extensive with the client. Labor contractor further certifies that client(s) have been fully apprised of contents, and been provided copies of all documents attendant to procuring the required coverage.

Name of Labor Contractor: _____

Signature and Title of Officer, owner or person authorized to legally bind the labor contractor _____ Date _____

Print Name of Officer, owner or person whose signature appears above.