

(Submit in Duplicate)

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

A labor contractor (lessor) leasing workers to another entity or entities must answer all questions on both sides of 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.

Name of labor contractor: _____

1. Attach a list by jurisdiction of each name the labor contractor operated under in the last five (5) years. Also give the policy number and carrier for each workers compensation insurance policy issued to the labor contractor under each name in the past five (5) years. Attach a copy of the most recent Form WR-30 "Employer Report of Wages Paid" or its equivalent filed with the United State Internal Revenue Service by the labor contractor.
2. Attach a list of every person or entity owning a five percent (5%) or more interest in the labor contractor now. Also attach a list of all persons or entities who owned a five percent (5%) or more interest in the present business or its former businesses in the last five (5) years. Include the percentage of ownership for each person or entity and state whether those parties have any interest in another company.
3. For each person or entity identified above, attach a list of all other labor contractors where each such person or entity owns or owned a five percent (5%) or more interest. Attach a list of all other business these persons or entities, or combination of two or more of these persons or entities, own or owned a fifty percent (50%) or more interest now, or in the last five (5) years.
4. Attach a list by jurisdiction of each client, along with any other name(s) the client operated under in the last (5) years. Include the address, NJTIN and FEIN of each firm; and a copy of the clients most recent Form WR-30 or its equivalent filed with the United States Internal Revenue Service.
5. Do any of the client firms listed have outstanding premium due on any workers compensation policy? Yes No
 If yes, list firm, amount owed, to which company, whether the amount is disputed, include explanation.

CLIENT INFORMATION

The labor contractor must get and submit the following documentation for each client:

LEGAL BUSINESS NAME OF CLIENT	NJTIN	FEIN
COMPLETE PHYSICAL ADDRESS	PAYROLL ADDRESS (MAY BE LABOR CONTRACTOR ADDRESS)	

1. Attach a list of the name, address, NJTIN and FEIN (if known) of each labor contractor leasing employees to the client (exclude any temporary employment, i.e. arrangements when you obtain employees for short periods to substitute for permanent employees or to meet temporary work loads.)
2. Is there a written contract between the labor contractor leasing employees and the client? Yes No
 If yes, attach a copy of the contract.
3. Attach a list of each person or entity who owns a five percent (5%) or more interest in the client firm now. Attach a list of each person or entity who formerly owned a five percent (5%) or more interest in the client firm or its predecessor or successors in the last twelve (12) months. Include the percentage of ownership for each person or entity.
4. Describe completely the kinds of operations performed by the leased employees. Give a detailed description of the business and operations conducted.
5. Based on the above description attach a list of all leased employees and their Social Security Number, classification code and wages.
6. Attach a sworn 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 for each name the client operated under for the preceding five (5) years.
 - b. All the clients's non-leased employees covered by a separate workers compensation insurance policy. In addition, the statement must give the policy number, carrier, and a list of each non-leased employee and the total payroll for each classification code.
7. Please attach a NJWCIP application for the client completing only the General Information and Locations, Classifications previous insurance and Payroll sections. Also have the client sign the NJWCIP application. If applicable, attach completed and signed NOTICE OF ELECTION PROPRIETORS AND PARTNERS.

Labor Contractors Statement:

The labor contractor states they have attached all required information and it is accurate. The labor contractor further states they will tell the carrier of any changes in the information. The labor contractor agrees to give the insurance company claims information for each client as needed.

Labor Contractor Name: _____

(Print or Type)

Signature: _____ Date: _____

(Officer, owner or person authorized to legally bind the labor contractor.)

Use this application for clients seeking to cover leased workers.

1.

NAME OF EMPLOYER	FEIN
ADDRESS	

2. Do you include leased workers under your Workers Compensation Policy? Yes No

3. Does your employee leasing company provide workers compensation insurance for your workers? Yes No

4. If yes, is a Certificate of Insurance furnished to you? Yes No. If yes, attach copies of the most current Certificate.

5. Name, Address, NJTIN and FEIN (if known) of each company leasing workers to you. (Exclude any temporary employment, that is arrangements when you get employees for short times to substitute for permanent employees or to meet temporary work loads.

NAME	ADDRESS	FEIN
		NJERN

6. Do you have a written contract with the company leasing workers to you? Yes No. If yes, attach a copy of the contract.

7. Describe completely the kind of operations performed by the leased workers.

8. Show the number of workers furnished and estimated payroll by work location.

STATE	LOCATION	CLASS CODE	NO. OF EMPLOYEES	ESTIMATED PAYROLL	PREMIUM

9. List the office address(es) where you keep payroll records for the leased workers and who keeps the records.

NAME	STREET	CITY	COUNTY	STATE	ZIP

10. Applicant: _____
 (Print or Type)

Signature: _____ Date: _____