



INDIANA ASSIGNED RISK PLAN
TEMPORARY EMPLOYMENT CONTRACTOR
SUPPLEMENTAL APPLICATION

APPLICANT'S LEGAL NAME

ADDRESS (including ZIP Code)

PAYROLL ADDRESS List the office location(s) and telephone number(s) where the payroll records are available for each client, and the name of the company providing the service if different from the applicant.

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

RISK ID NUMBER (used for Experience Rating)

DOES THE APPLICANT HAVE OPERATIONS IN OTHER STATES?

- YES NO

IF YES, PROVIDE NAMED INSURED, POLICY NUMBER(S) AND STATE(S):

Table with 3 columns: Named Insured, Policy Number, State. Multiple rows for data entry.

LIST ALL OTHER ENTITIES IN WHICH THE APPLICANT'S OWNERS HAVE HAD OWNERSHIP INTEREST DURING THE PAST FIVE (5) YEARS. INCLUDE NAMES AND ADDRESSES - IF NONE, WRITE N/A

Note: If past ownership is indicated, attach a completed ERM-14 Ownership Form to document ownership.

REMARKS - ATTACH ADDITIONAL SHEETS IF MORE SPACE IS REQUIRED



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Supplemental *CLIENT FIRM* Information

LISTING OF INDIANA CLIENTS - A copy of the clients' contract, or work order if no contract is available, must accompany this application.

CHECK BOX IF THIS INFORMATION IS BEING PROVIDED ON A SEPARATE FORM

<u>Name</u>	<u>Address</u>	<u>Payroll Assigned to Client</u>	<u>Class Code</u>	<u>Average Length of Employment</u>
_____	_____	_\$ _____	_____	_____
	_____		_____	

PROVIDE A BRIEF DESCRIPTION OF THE NATURE OF THE CLIENT'S BUSINESS AND THE DUTIES TO BE PERFORMED BY TEMPORARY EMPLOYEES:

<u>Name</u>	<u>Address</u>	<u>Payroll Assigned to Client</u>	<u>Class Code</u>	<u>Average Length of Employment</u>
_____	_____	_\$ _____	_____	_____
	_____		_____	

PROVIDE A BRIEF DESCRIPTION OF THE NATURE OF THE CLIENT'S BUSINESS AND THE DUTIES TO BE PERFORMED BY TEMPORARY EMPLOYEES:

<u>Name</u>	<u>Address</u>	<u>Payroll Assigned to Client</u>	<u>Class Code</u>	<u>Average Length of Employment</u>
_____	_____	_\$ _____	_____	_____
	_____		_____	

PROVIDE A BRIEF DESCRIPTION OF THE NATURE OF THE CLIENT'S BUSINESS AND THE DUTIES TO BE PERFORMED BY TEMPORARY EMPLOYEES:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

REMARKS - ATTACH ADDITIONAL SHEETS IF MORE SPACE IS REQUIRED

CONFIRMATION OF ACCURACY - MUST BE SIGNED AND DATED BY AN OFFICER, OWNER OR OTHER PERSON AUTHORIZED TO LEGALLY BIND THE APPLICANT. I CONFIRM ALL INFORMATION TO BE ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED _____ TITLE _____ DATE _____