

LEASED EMPLOYEE AFFIDAVIT

I understand an employee leasing company provides my workers' compensation coverage. I further understand that my contract with the employee leasing company limits my workers' compensation coverage to enrolled worksite employees. My leasing agreement does not cover independent contractors, uninsured subcontractors, or casual labor exposure.

I hereby certify that 100% of my workers are covered as worksite employees with the employee leasing company. I certify that I do not hire any casual or uninsured labor outside the employee leasing arrangement. I agree to notify you in the event that I have any workers not covered by the employee leasing workers' compensation policy. In the event that I have any labor not subject to the employee leasing arrangement, I agree to obtain a separate workers' compensation policy to cover these workers. I further agree to provide you with a certificate of insurance providing workers' compensation coverage prior to this labor working at your jobsites.

I further agree to notify you if my co-employment relationship terminates with the employee leasing company and I understand that I am required to furnish proof of replacement workers' compensation coverage prior to the termination of the leasing agreement.

I certify that I have workers' compensation coverage for 100% of my workers through the leasing arrangement specified below:

Name of employee leasing company: _____
Workers' Compensation Carrier: _____
A.M. Best Rating of Carrier: _____
Inception date of leasing contract: _____

I further agree to notify you in the event that I switch employee-leasing companies. I recognize that I have an obligation to supply an updated workers' compensation certificate to you that documents the change of carriers.

Name of Subcontractor: _____

Signature of Owner: _____ Title: _____

Date: _____

This is only a summary of insurance coverage's and does not constitute a policy, contract or legal evidence of insurance. For complete policy terms, conditions, limitations and exclusions refer to the policy. I acknowledge these coverages offered.