

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

TEMPORARY EMPLOYMENT AGENCIES SUPPLEMENTAL (Complete in addition to ACORD App)

Proposed First Named Insured & Other Named Insured(s):

Location Address		Street City		County	State	ZIP Code		
BUSINESS INFORMATION								
1.	Does the contract us	ed by you state t	ne following:			Yes	No	
	a. Employees are c	overed by worke	r's compensation					
	b. Client provides supervision and has worker's compensation coverage in place							
	c. Employer's liability is required							
	d. A hold harmless agreement stating that the client is responsible for negligent acts of the							
	temporary employee							
	Attach a copy of the contract.							
2.	Do you carry Professional E&O coverage?							
3.	Do you operate as a Professional Employee Organization (PEO) or Employee Leasing Firm?				\Box			
4.	Does your organization place employees in the Medical or Computer field?				\Box			
	If yes, explain:					_		
5.	Clerical Payroll: \$		Non-Profe	essional Payroll: \$				
6.	Are employees screened and background checks performed?							
DECLARATION								
I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.								
As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.								

SIGNATURES						
Applicant Signature	Title	Date				
Producer Signature	Date					
Producer Name and Address						