



**Evanston Insurance Company
 Markel American Insurance Company
 Markel Insurance Company**

TEMPORARY EMPLOYMENT AGENCIES SUPPLEMENT

(Include Acord application)

APPLICANT INFORMATION:

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

1. Is applicant properly licensed where required by law? Yes No License Number: _____
2. Number of active owners/officers/partners: _____ Number of Employees: _____
3. Does applicant carry Workers' Compensation coverage on temporary employees? Yes No
4. Does applicant subcontract work to others? Yes No
 If yes, are certificates of insurance required? Yes No
5. Do subcontractors name the applicant as additional insured? Yes No
6. Are reference/background checks required on all temporary employees? Yes No
7. Does the applicant provide leased employees to others? Yes No
8. Any assignment of temporary workers longer than six months? Yes No
9. Estimated annual: Payroll (excl. owner) \$ _____ Receipts \$ _____ Subs Costs \$ _____
10. Please provide payroll breakdown between: Clerical: \$ _____ and Non-clerical: \$ _____

Please provide breakdown of all Non-clerical operations.

Light Industrial (List Classes)	Payroll	%	Heavy Industrial	Payroll	%	Professional	Payroll	%
			Retail	Payroll	%	Contracting	Payroll	%

Attach a copy of the applicant's contract(s) last Workers Compensation audit.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature _____ Producer's Signature _____ Date _____