



Granite Insurance Services, Inc.

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EMPLOYEE LEASING/TEMPORARY EMPLOYMENT AGENCY APPLICATION

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Inspection Contact: _____

Phone Number for Inspection contact: _____

Web Address _____

Proposed Policy Period: _____ to: _____

INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE OTHER: _____

UNDERWRITING

Years in Business? _____ Years of Experience in this field? _____

Provide a complete description of the types of positions available.

Clerical Payroll _____ Non professional payroll _____

Receipts for last 12 months _____

Describe qualifications, experience, screening and training of employees _____

Does applicant have ownership in other entities? Yes No

Do any employees hold professional licenses or certificates? Yes No

Any subcontractors used? Yes No

Are employees screened and back ground checks performed? Yes No

If yes to any of the above provide details _____

Provide details of your five largest jobs in the last 5 years:

Client	Details of Job	Gross Receipts
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach a copy of the contract used by the applicant. Contract must state that employees are covered by workers compensation. Employers Liability must be required. Each party must mutually hold the other harmless against all losses. Client must provide supervision. Client must have workers compensation coverage in place.

LIMITS – GENERAL LIABILITY:

LIMITS OF LIABILITY REQUESTED:

GENERAL AGGREGATE: _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE: _____ INCLUDED _____

PERSONAL & ADVERTISING INJURY: _____

EACH OCCURRENCE: _____

FIRE DAMAGE: _____

MEDICAL PAYMENTS: _____

