



Employee Leasing Lessee Information Form

The following information is required by KEMI when a new client is taken on by an employee leasing agency. Please submit to KEMI within 48 hours of contracting.

1. Employee Leasing Company Name: _____
2. KEMI Policy Number: _____
3. Lessee Name: _____
Doing Business As: _____
Lessee FEIN: _____
4. Lessee Address: _____
5. Lessee Physical Location: _____
6. Lessee Website URL: _____
7. Lessee NCCI Governing Class Code (if applicable): _____
8. Detailed description of Lessee operations: (325 character's max)

9. Detailed description of job duties employees will be performing for client: (325 characters max)

10. Provide a copy of contract or work order between the employee leasing company and lessee.
11. Describe any unusual tasks or potential hazards employees might be exposed to: (150 characters)

12. Does this lessee have operations in other states? Yes No
13. Will you be providing labor to other states? Yes No
If yes, please provide proof of coverage for those states.
14. Number of employees work at lessee location: _____
15. Proposed classification(s) of employees working for lessee: _____
16. Payroll per classification(s) of employees working for lessee: _____
17. Effective date of workers' compensation coverage: _____
18. NCCI Basic Rule 3-D-2-a states the lessee (client) is required to purchase and maintain a standard worker's compensation policy covering its non-leased, statutory, and unknown exposures. A certificate of insurance is required to add the client.

Signature: _____ Date: _____