

EMPLOYEE LEASING COMPANY REGISTRATION FORM

INSTRUCTIONS

The original EL1 must be approved and filed with the Division of Security and Compliance, Attention: Tonya Keith, Department of Workers' Claims, Prevention Park, 657 Chamberlin Avenue, Frankfort, KY 40601, prior to coverage being placed with the employer. If there is no original on file, the employee leasing entity **will not** be listed as registered with the Department of Workers' Claims. A duplicate copy will be returned as evidence of registration.

NOTICE: Falsification of this application constitutes a criminal offense (KRS 523.1001. Violation of the employee leasing provisions of Kentucky law can result in civil and criminal penalties (KRS 342.990).

(A) Lessor Information - (Employee Leasing Company)

1. Company: _____
Name

_____ Phone Number

_____ Fax Number

2. Address: _____
Principal Place of Business

_____ Telephone No. _____

3. KY. Address: _____

_____ Telephone No. _____

_____ Fax No. _____

4. Type of Entity: _____
Proprietorship, Partnership, Corporation

5. FEIN or SSN: _____

6. Parent or Holding Company: _____
Name

_____ Address

7. List, by jurisdiction, of each and every name Lessor has operated under in preceding five (5) years including any alternative names and names of predecessors or successors (use additional sheets, if necessary):

8. List of each and every person or entity currently owning a five percent (5\) or greater interest in the employee leasing company: _____

9. List of each and every person or entity formerly owning a five percent (5\) or greater interest in the employee leasing company or its predecessors, successors or alter egos in the preceding five (5) years: _____

(B) Current Workers' Compensation Insurance Information

1. Carrier Name: _____
2. Policy Number: _____
3. Policy Period: _____
4. Name of insured as it appears on policy: _____

(C) Past Workers' Compensation Insurance Information

1. The following workers' compensation policies issued to the employee leasing company or its predecessor(s) have been cancelled or non-renewed within the last five (5) years (use additional sheets, if necessary):

Carrier: _____
Policy or Certificate Number _____
Date of cancellation _____
Reason for cancellation: _____

2. The following Affidavit must be executed by the Chief Executive Officer of the employee leasing company if no such cancellation or non-renewal has occurred.

AFFIDAVIT

Comes now the affiant, _____, and after having being duly sworn states as follows:

1. My names is _____ and I am the Chief Executive Officer of _____, an employee leasing company.
2. During the five (5) years preceding the date of this application neither the applicant nor any of its predecessors, successors or alter egos has had a workers' compensation policy cancelled or non-renewed.
3. Further affiant saith naught.

CHIEF EXECUTIVE OFFICER OF APPLICANT

Phone No. _____

Email Address _____

STATE OF _____

COUNTY OF _____

Acknowledged, subscribed and sworn to before me by _____,
This ____ day of _____, 20__.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____, 20__.

(D) CERTIFICATION

I do hereby certify that I am the duly authorized agent of a _____, an employee leasing company; that the information contained in this application is true; and that the applicant will comply with the mandate of 803KAR 25:230 to immediately notify the Commissioner of the Department of Workers' Claims of any changes in the information provided in this application, and to provide information regarding workers' compensation coverage of leased employees within ninety (90) days of approval on Form EL-2.

DATE _____

NAME (typed) _____

Address _____

SIGNATURE _____

Telephone No. _____

Fax No. _____

Email Address _____