



Employee Leasing Supplemental Information Form

1. Applicant Name _____

2. How long has the owner(s) been in the industry? _____

3. Is there common ownership between the applicant and any other company? Yes No
If yes, please complete an [ERM-14](#) documenting the common ownership.

4. List all corporate officers, owners, and/or managers of the applicant.

Officer/Owner/Manager Name	Title	Ownership Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. In the last 3 years, have any of the officers, owners or managers had any ownership in or worked for any other temporary staffing agency? Yes No

If yes, please provide the following information

Officer/Owner/Manager Name	Position	Year
_____	_____	_____
_____	_____	_____

6. Where are payroll records for applicant maintained? _____

7. Is the applicant registered with the Department of Workers Claims, pursuant to KRS 336.230? Yes No

8. Is applicant maintaining payrolls by client and employee classification? Yes No

9. Does applicant have a return-to-work program? Yes No If yes, please provide.

10. Does applicant have a written safety program? Yes No If yes, please provide.

11. Do you have operations/clients in other states? Yes No If yes, please provide proof of coverage for that state.

12. Please provide the website URL for your staffing company: _____

13. Employee Leasing: Please submit an Employee Leasing Lessee information form for each client.

Applicant Signature: _____ Date: _____

Return Supplemental Application to KEMI Underwriting or Caroline Braun (cbraun@kemi.com).