

Provide name of previous labor contractor in Item 1. Provide name of client company in Item 2. If the client company has entered into a leasing arrangement with a new labor contractor, provide the name of the new labor contractor in Item 3.

Item 1—Previous Labor Contractor Risk Name:		Previous Labor Contractor Risk ID:	
Item 2—Client Company Risk Name:		Client Company Risk ID:	
Item 3—New Labor Contractor Risk Name:		New Labor Contractor Risk ID:	

**Item 4: Policy Information**

Enter data for the policy written for the labor contractor named in Item 1, for the period during which the reported data was developed:				Enter data for the current period:			
1. Effective Date:		1. Effective Date:		2. Policy Number:		2. Policy Number:	
2. Policy Number:		3. Carrier Code and Name:		3. Carrier Code and Name:		4. Exposure State:	
3. Carrier Code and Name:							
4. Exposure State:							

Exposure			Loss									
(1) Class Code	(2) Payroll	(3) Rate	(4) Claim No.	(5) Accident Date	(6) Injury Type	(7) Open/Closed	(8) Claim Class Code	(9) Indemnity	(10) Medical	(11) Actual Incurred Losses	(12) Loss Cov. Act Code	(13) Cat. No.

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**This document must be signed by the insurance company that provided coverage for the period the reported data was developed.**

We hereby certify that the information given in this report is correct to the best of our knowledge and belief.

Insurance Carrier

Signature

Title

Date

Name of person completing the form: \_\_\_\_\_

Telephone Number: \_\_\_\_\_