
4. Date of contract with employee provider firm: _____

5. For the preceding five (5) years, any other name(s) or assumed name(s) under which the Company has done business or operated and each mailing address it has used and a copy of the Company's most recent Form 941 or its equivalent filed with the Internal Revenue Service by the Company:

6. Company's experience modifier most recently issued by the Department before the Company entered into any employee leasing arrangement:

7. Classifications and payroll of leased workers:

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

8. The policy number and carrier for each workers' compensation policy issued to the Company under each and every name under which the Company has done business in the preceding five (5) years are:

9. The names of every other employee provider firm from which the Company has ever leased workers (and the effective dates for each such contract) are:

- 10. If coverage is with the ~~Fund insurer of last resort~~: the Company ~~and each~~, its officers, directors and affiliates of and any entity with an ownership interest in the Company is in good faith eligible to receive workers' compensation insurance; or, if coverage is with the voluntary market: the Company, its officers, directors and affiliates and any entity with an ownership interest in the Company do not owe any workers compensation premium to any current or prior insurer.

- 11. The Company acknowledges that the insurer has the same rights of audit that the insurer has with regard to the employee provider firm with which the Company has an employee leasing arrangement; and further understands that the insurer may make any adjustments in premium calculations as a result of such audits.

- 12. The Company acknowledges that premiums will be calculated based on the methods described in Paragraph 3 of Part E of Rule IX of the *Texas Basic Manual of Rules, Classifications and Experience Rating Plan for Workers' Compensation and Employers' Liability Insurance*. The Company will abide by any rules and regulations of the Texas Workers' Compensation Commission and the Department that are now or may become in the future applicable to it or to employee provider firms.

NOTICE: Before executing this form, you may wish to review Section 32.54 of the Texas Penal Code entitled, "Penalty for Fraudulently Obtaining Workers' Compensation Insurance Coverage."

Name of Client Company

Signature of Authorized Representative of Client Company

Sworn and Subscribed to before me this _____ day of _____, **1992** .

Notary Public

My Commission Expires: _____

Note:

This endorsement is to be used for each client company of an employee provider firm, if applicable.