

Vermont Department of Labor Attn: Employee Leasing Program P.O. Box 488 Montpelier, VT 05601-0488

## **Employee Leasing Company Licensure & Registration Application**

Registration information:				
Company Name	Fed ID:			
Street Address:		7: 0 1		
City	State			
Email Address:				
Telephone #:		Fax #:		
		ermont Agent (If different from abov	<u>,                                     </u>	
Email Address:		#-		
relepnone #:	F8	ax #:		
Contact person for Unemploy Name:		hone #:		
		nto contracts on behalf of the emploto to sign a "Authorizing Individual Af		
Name:	Title:			
			<del></del>	
Account information:				
Please answer the following	questions:			
<ol> <li>Do you have your own em ☐ Yes (proceed to item 2</li> </ol>		ermont? to Certification and Requirements s	section)	
<ol> <li>Are you registered as an e ☐ Yes (proceed to item 3</li> </ol>	· · -	ent Compensation purposes in Ver to item 4)	mont?	
Indicate your Vermont De Certification and Requiren		ver number here:	Proceed to	
If you have not already be complete and return an Er		Department of Labor employer num tus Report", form C-1.	ber, you must	

- U The company certifies that we do not conduct a temporary help business through the same entity as the employee leasing business.
- U The company agrees to maintain separate records for each client company and file reports as required by law for each of our client companies as required under 1033(4)(B) of Title 21.
- u The company agrees to pay unemployment contributions and workers' compensation premiums based on the experience rating of each client company as required under 1033(4)(C) of Title 21.
- U The company acknowledges our joint and several liability with each client company to protect the health, safety or welfare of an individual leased to a client company.
- The company will attach an audited financial statement and evidence that it has deposited securities or posted a bond in an amount not less than \$100,000.00 or 5 percent of liabilities, whichever is greater as required under 1033(7) of Title 21. The financial statement shall have been prepared within six months of the date of application by an independent certified public accountant licensed in this state pursuant to 21 V.S.A 1035 (a).
- U The company agrees that the commissioner may liquidate any securities or bond provided upon our default in paying wages, benefits, workers' compensation premiums or awards of unemployment compensation premiums.
- u The company agrees to adhere to "Unemployment Insurance Requirements" as indicated on enclosed form EL-5.

By signature below, I certify that the foregoing information is true and accurate.				
Applicant or authorized agent	 Date			