**LEASED EMPLOYEE AFFIDAVIT**

 [ENTER CONTRACT TITLE AND NUMBER e.g. Y22-0000]

 I affirm that an employee leasing company provides my workers’ compensation coverage. I further understand that my contract with the employee leasing company limits my workers’ compensation coverage to enrolled worksite employees only. My leasing arrangement does not cover un-enrolled worksite employees, independent contractors, uninsured sub-contractors or casual labor exposure.

#  I hereby certify that 100% of my workers are covered as worksite employees with the employee leasing company. I certify that I do not hire any casual or uninsured labor outside the employee leasing arrangement. I agree to notify the County in the event that I have any workers not covered by the employee leasing workers’ compensation policy. In the event that I have any workers not subject to the employee leasing arrangement, I agree to obtain a separate workers’ compensation policy to cover these workers. I further agree to provide the County with a certificate of insurance providing proof of workers’ compensation coverage prior to these workers entering any County jobsite.

 I further agree to notify the County if my employee leasing arrangement terminates with the employee leasing company and I understand that I am required to furnish proof of replacement workers’ compensation coverage prior to the termination of the employee leasing arrangement.

 I certify that I have workers’ compensation coverage for all of my workers through the employee leasing arrangement specified below:

|  |  |
| --- | --- |
| Name of Employee Leasing Company:  |  |
| Workers’ Compensation Carrier:  |  |
| Inception Date of Leasing Arrangement:  |  |

 I further agree to notify the County in the event that I switch employee-leasing companies. I recognize that I have an obligation to supply an updated workers’ compensation certificate to the County that documents the change of carrier.

|  |  |
| --- | --- |
| NAME OF CONTRACTOR |  |
| SIGNATURE OF OWNER/OFFICER |  |
| TITLE |  |
| DATE |  |