WISCONSIN EMPLOYEE LEASING COMPANY CLIENT TERMINATION ENDORSEMENT – MASTER POLICY

The employee leasing arrangement between ________________________________ and
(Name of ELC)
_____________________________ has been terminated in its entirety. Coverage under the
(Name of Client)
policy for this client has been terminated effective: __________________.
(Date)*

*NOTE: In accordance with 102.31, Wis. Stats., termination is not effective until 30 days after proper notice has
been given of the termination to the Wisconsin Compensation Rating Bureau, the ELC and the client.

This endorsement has been sent to the following entities:

________________________________________________________
________________________________________________________
________________________________________________________

Date sent:____________________________________________________

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Date   Effective Policy No.   Endorsement No.
Insured

Insurance Company