

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
Insured

Effective Policy No.

Endorsement No.

Insurance Company