



SUPPLEMENTAL APPLICATION STAFFING PROGRAM

Firm Name : DBA :

Proposed Effective Date : Years Experience :

Insured Website :

Contact Name, Phone & Email :

TYPE OF PLACEMENTS (CHECK ALL THAT APPLY AND PROVIDE A %, MUST EQUAL 100%)

Temporary Placements %
 Temp to Perm %
 Direct Hire %
 Day Labor %
 Payrolling %
 PEO/Employee Leasing %
 Contract Placements % and Length of Time
 Other (please explain) :

CLIENT INFO: TOP 5 CLIENTS

Client Name	Description of Operations/ Work Performed by Temps	Class Code	State	Payroll	Client # of EEs	# of Temp EEs

DETAILED CLIENT INFO:

Total Active Clients : W2's Issued (Last Year) :

Is this average new clients/year? Do we need state/year? :

Any 1099's used? If yes, are all 1099's required to carry their own WC coverage?

INDUSTRY INFO:

Type	% of Clients	Avg. Hourly Wage	Type	% of Clients	Avg. Hourly Wage
Light Industrial			Heavy Industrial		
Wholesale / Retail			Clerical (Professional)		
Heavy Manufacturing			Clerical (General)		
Construction (General)			Medical		

CLIENT SELECTION:

Does the insured inspect worksites for safety protocols? Yes No If yes, frequency?

Do you review client new worker orientation process? Yes No

Does the insured have established client selection criteria? Yes No

Do you or the client provide written job descriptions for placements? Yes No

Are all clients required to show workplace response procedures for emergencies? Yes No

Do you or the client provide safety training? Yes No

If yes, please provide details:

INSURED HISTORY

INSURED PRIOR COVERAGE & LOSS INFO:

Year	Payroll	Premium	Total Incurred	# Paid Claims	Carrier
Current Year					
Prior Year 1					
Prior Year 2					
Prior Year 3					
Prior Year 4					

What is the expected growth % this year?

Any new industries expected?

Does the insured have any commonly owned businesses insured elsewhere?

Are there any states that the insured operates in that are insured elsewhere?

Is the insured moving mid-term from a current WC carrier? Yes No

If yes - why?

Are they in good standing? Yes No If yes, please explain :

Any outstanding premium or WC Audits in the past 3 terms?

Any foreign travel? Yes No If yes, where/frequency?

INSURED HIRING PRACTICES:

Written application? Yes No

Background check? Yes No

Pre-employment drug screening? Yes No

Criminal Background check? Yes No

Motor Vehicle check? Yes No

Pre-employment physical? Yes No

Is minimum experience required? Yes No If yes, how much?

Are job experience or certifications required? Yes No If yes, details:

ARE THE FOLLOWING BENEFITS PROVIDED? IF YES - WAITING PERIOD & % PARTICIPATION OR NO

Health Insurance		
Long-Term Disability		
Short-Term Disability		
Paid Vacation		
Paid Sick Days		
Paid Holidays		

SAFETY PROGRAM

Formal Return-to-Work program? Yes No Modified duty available? Yes No

Safety Committee? Yes No Formal safety director?

Please provide name & title:

Safety incentives for employees? Yes No

If yes, please provide details:

Safety incentives for clients? Yes No

If yes, please provide details:

Accident investigation? Yes No

Written safety plan? Yes No If yes, how is it distributed:

CLAIMS OR INCIDENT MANAGEMENT

Is there a claims director or person responsible for claim reporting? Yes No

Please provide name, title, & contact info:

Is there a policy for drug testing after incidents? Yes No

Are all claims reported to carrier within 24 hrs? Yes No

Is there a formal accident investigation process? Yes No

Has the insured had loss control in the past 3 years? Yes No

If yes, were any recommendations made?

Please provide details for any claims in the past 4 years over \$25k in reserves:

Printed name of person completing form:

Signature : Date :