



## Temporary Staffing Class Code Request Form

Policyholder Name:

Client Company Name:

Client Company Address:

Client Company Governing Code:

Client Company Experience Mod:

Requested Class Code Assignment:

Has a on-site physical survey been completed by the policyholder?      Yes      No

Description of client company operations:

Job Duties of the temporary worker:

Projected payroll:

What safety training has been completed specific to this placement?

Will all necessary Personal Protective Equipment be provided?      Yes      No

### Exposure Evaluation:

Driver placement?      Yes      No

    If yes, MVR check?

    Driving Radius?

Confined space exposure?      Yes      No

Is respiratory protection required?      Yes      No

Any work off the ground?      Yes      No

    If yes, provide details:

Maximum Manual Material Handling Weight?

Forklift operator?      Yes      No

    If yes, MVR check?

Exposure to chemicals or machinery?      Yes      No

    If yes, please provide details on exposure and controls:

Transportation provided for the temp workers?      Yes      No

    If yes, provide details: