



Temporary Staffing Supplemental Application

Applicant Name:

Applicant Address:

Applicant Website:

General Information:

Percentage of Anticipated Payroll Growth for the upcoming term:

Explanation for negative growth or increase over 20%:

of W2 Employees:

of 1099 issued last year: Do you require Work Comp COI's? Yes No

Does the risk provide any PEO services:

List all other commonly owned entities that are insured elsewhere:

Sources of Revenue (%):

Temp Staffing Perm Staffing Long Term Staffing

Describe your review process for accepting new clients:

Do you accept any new clients without completing an on-site physical survey at the client? Yes No

Do you require written Job Descriptions for all placements: Yes No

Describe your process to evaluate the ongoing acceptability (or termination) of clients:

Do you provide any Vendor Management Services? Yes No

Human Resources:

Describe your new hire employment process:

Physical Capabilities Tests Yes No Post-offer Pre-Placement questionnaire Yes No

MVR checks? Yes No Criminal Background Check Yes No

What employee benefits are offered to new hires?

Participation % in Group Health Coverage:

Safety Program:

Name of your Safety Director:

Describe the New Hire Orientation process:

Cost Containment Programs:

Formal Light Duty / Return to Work Program? Yes No

How is light duty accommodated?

Drug Testing Program (check all that apply):

Pre-hire Post-Accident Random For-cause

Testing Method (check all that apply):

Saliva Blood Urine Hair

of drugs tested for:

Describe your claim reporting process to the insurance carrier:

To what extent do you self-handle claims?

Exposure Analysis: (Please provide explanation to any "YES" responses)

Any work around flammables, chemicals or explosives? Yes No

USLH or any Federal Acts exposures? Yes No

Any work off the ground? Yes No

Day Laborers? Yes No

Drivers? Yes No

Group Transportation of employees? Yes No

Manual lifting over 50#? Yes No

PIT / Forklift Operators? Yes No

Any placements where respiratory protection is required? Yes No

Do you accept temporary staffing agencies as clients? Yes No

Steel Erection? Yes No

Logging / mining? Yes No

Boiler Work? Yes No

Exposure Explanation (if applicable):

Historical data by policy year:

	Current Term	1st year Prior	2nd year Prior	3rd year prior	4th year Prior
Payroll					
Premium					
E-Mod					

Client List:

Provide a complete client list that details client name & address, general description of operations, duties of the temp worker, assigned WC class code & estimated annual payroll. Provide details for any client with 50+ temporary workers on-site at the same time. Please send Excel document with this info.