



Submission Checklist

Applicant Name: _____

Effective Date: _____

- Completed/Signed/Dated ACORD Application for Workers Comp.
- Complete Client List including classification codes associated with each.
- Completed/Signed/Dated Staffing Lines Supplemental Questionnaire.
- Most current Workers Compensation Experience Modification Worksheet. If no mod available, provide copies of the last 2 completed workers' compensation audits.
- Loss Runs (valued within 90 days) for current year and three prior years.
Include a detailed description of losses over \$25,000.
- Classification Code Referral Form for each class that is ineligible or restricted. Form can be found on our website or email our office for a copy.
- Copy of Employment Application.
- Copy of Employee Time Card (front and back).
- Copy of contract between insured & temporary worker.
- Copy of insured's contract with their clients.
- Copy of Written Safety Material, Training Program, Return to Work Program, etc.
- If there is no D&B rates for the insured, compiled, audited or reviewed financials are required.
- Copies of owners' resumes (if in business under 3 years)
- Sales/Marketing Brochures and Related Company Information



Supplemental Questionnaire

(To be completed for workers' compensation)

Applicant Name: _____

FEIN: _____ Number of years in business _____

Company's Website Address _____

Policy Year	2006	2005	2004	2003	2002
Total Premium					

1) List the five largest firms to which your agency provides temporary employees.

Name of Firm

Type of Employees

a) _____

b) _____

c) _____

d) _____

e) _____

1a) Estimated number ACTIVE of clients _____

1b) Average number of new clients added annually _____

2) **Temporary Placement Section** - Do you make Temporary Placements?

If you checked "NO", Please skip # 2. q Yes q No

Please provide % of estimated payrolls for the next 12 months in the appropriate section below:

Light Industrial: _____ Wholesale/Retail: _____

Heavy Industrial: _____ Professional: _____

Construction (trade): _____ Clerical: _____

Construction (general): _____ Medical: _____



- 3) ASA Member? Yes No
- 4) Percentage of anticipated annual growth: _____
- 5) Have there been any audit or premium disputes with any prior WC insurance carrier? Yes No
- 6) Has your coverage ever been cancelled for nonpayment of premium?
 Yes No
- 7) Describe any sources of revenue other than temporary staffing. Include any estimate of revenue for the operations:

- 8) Are there established new client selection criteria/procedures? Please provide details on the process.

- 9) Are job site inspections done on each new client? Explain process.

- 10) Are employees provided with a detailed description of the job assignment?
 Yes No
- 11) Are procedures in place to terminate clients with poor loss experience or unsafe work environments? Yes No
If yes, please explain: _____

- 12) Please provide a list of unacceptable classes for which you do not place temps.



13) Are any of the insured's contracts with their clients set to expire within the next one to two years? Yes No
If **YES**, describe the insured's business plan to maintain or replace the current clients.

14) Do you have a full-time Safety Director? Yes No
If **"Yes"**, please provide name: _____

15) Is the safety director or other employee responsible for the following?
 Yes No Job site inspections?
 Yes No Accident Investigation?
 Yes No Claims Review?
 Yes No Are Action Plans developed as claim review result?
 Yes No Are loss control incentives in place?
 Yes No Is Mgmt & Supervisors held accountable for safety?
 Yes No Additional Duties? _____

16) Does Insured have a written "Return-to-work" program? Yes No
If **"Yes"**, please provide a copy.
If **"No"**, is management willing to implement a program? Yes No

17) Drug testing of applicants is performed:
 Yes No Prior to Employment?
 Yes No After an Accident?
 Yes No By the request of Client?

18) Please check which hiring procedures apply for hiring temporary workers. Also indicate in space provided other hiring procedures you complete.
 Pre-Screening Application Skills Testing I-9 Verification
 Drug Testing Reference Checks Criminal Background Checks
 MVR Checks Physicals
 Probationary period – how long? _____
Additional: _____

19) Provide a copy of your hiring guidelines/procedures. Include a copy of your employment application.



- 20) List any professional or trade organizations to which you belong:

- 21) Is there a Hold Harmless Agreement between client and Temporary Staffing Company? Yes No
 Hold Harmless is in favor of _____.
- 22) Total # of Fulltime Office Staff: _____
 Total # of Temporary Placements Last Calendar Year: _____
 # W-2s _____ # 1099 _____
 Union Shop Placements? Yes No Mixed
- 23) Benefits for TEMPORARY employees only:
 Yes No Are medical benefits made available?
 Carrier: _____
 Yes No Hospitalization Employee Contribution? % _____
 Yes No Is paid time off accumulated?
 What is the formula? _____
 Yes No Paid Holidays?
- 24) Average Hourly Wage:
 Clerical/Professional _____
 Manufacturing _____
 Medical Personnel _____
 Construction/Contracting _____
 Hospitality _____
 Retail/Wholesale _____
 Other _____
- 25) Temp-to-Perm Percentage _____
- 26) If the insured does not have a D&B rating, please provide a copy of the most recent compiled, audited or reviewed financial statements.
- 27) Does your company provide day laborers for agricultural, or construction or clients? Yes No
- 28) Do you or your employees provide any type of group transportation?
 Yes No



29) Do you currently carry General Liability coverage? q Yes q No
Carrier: _____

Expiration Date: _____/Limits: _____

30) Do you currently carry Professional Liability/EPLI coverage? q Yes q No
If "**No**", do you wish to receive a quote for this coverage? q Yes q No

31) Does the applicant engage in employee leasing or PEO? q Yes q No

33) Does the applicant ever have 100 or more employees working at one time at any one client? Yes No If yes, then provide each applicable client name, address, zip code along with WC class code(s) for applicant's employees and a detailed job description of what those employees actually do at the client site in space below.

Producer Name, Date and Signature: _____

Insured Name, Date and Signature: _____