



## Staffing Workers' Compensation Supplemental Questionnaire

### Application Information:

Applicant Name:	Broker Name:
Applicant Contact:	Broker Contact:
Applicant Website:	Broker Email:
Proposed Eff. Date:	ASA Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
Years in Business:	# of Physical Locations (must be on Acord):

### Prior Coverage Information:

	Current Year	Prior Year 1	Prior Year 2	Prior Year 3	Prior Year 4
Premium (Audited)					
Payroll (Audited)					
Carrier					
Experience Mod					

### Operations Overview:

Percentage	Category	Description
%	Temporary Help	Placements that support or supplement a client's workforce for a limited time.
%	Day Labor	Unskilled labor paid by the day – can include daily transportation to job site
%	Long Term Staffing	Assignments that last 6 months or longer
%	Temp to Perm	Temporary assignments with the expectation that the employee will be hired by the client on a permanent basis
%	Payrolling	Carries another entity's employees on the above insured's payroll
%	PEO/Emp Leasing	Employees are employed by above insured who also handles all HR-related functions, but the employee actually performs all work for the client company (co-employment)

### Client Information

# of Active Clients:	Average # of New Clients Annually:
# of W2s (last calendar year):	# of 1099's (last calendar year):
# of Full-time Office Staff:	If 1099's, is payroll included for the workers' comp or are they required to carry their own coverage? <input type="checkbox"/> Included <input type="checkbox"/> Carry Own

### Client Breakdown:

	% of Exposure	Avg Hourly Wage		% of Exposure	Avg Hourly Wage
Clerical/Professional	%		Hospitality	%	
Light Manufacturing	%		Retail/Wholesale	%	
Heavy Manufacturing	%		Warehouse	%	
Construction/Contracting	%		Transportation	%	

### Top 5 Clients:

Client Name	Desc of Operations/Temps Job Duties	Class Code	Payroll	# of Emp



## Risk Management

### Client Screening:

		Details (if yes, details must be provided)
Established Client Selection Criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Site Inspections? (provide copy of template)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OSHA Log/Mod Reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Procedures for terminating poor performing clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Formal safety training performed by the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Safety Program:

		Details (if yes, details must be provided)
Full-time Safety Director (provide name, title & duties)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Written Safety Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Safety Committee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supply Safety Equipment Needed (what?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Safety Training Provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Forklift Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Written Return to Work Program (provide copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Safety Incentive Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are recruiters accountable for safety results at clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Onsite Supervisors provided to clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Requirements for all nonclerical job assignments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Claims Management:

		Details (if yes, details must be provided)
Full time claims manager (provide name & title)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Accident Investigation (provide template copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drug Testing after loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Results tracked by Client?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Claims reviews with clients? How frequently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fraud investigation process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Established injury reporting procedures (provide copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Claims reported within 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Time Card have disclaimer about injury? (provide copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	



### Human Resources

**Employee Screening:**

Pre-screening <input type="checkbox"/> Yes <input type="checkbox"/> No	Signed Application <input type="checkbox"/> Yes <input type="checkbox"/> No	Resume <input type="checkbox"/> Yes <input type="checkbox"/> No
Interview <input type="checkbox"/> Yes <input type="checkbox"/> No	Skills Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	I-9 Verification/e-verify <input type="checkbox"/> Yes <input type="checkbox"/> No
100% Drug Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	By Client Request Drug Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	Reference Checks <input type="checkbox"/> Yes <input type="checkbox"/> No
MVR Checks <input type="checkbox"/> Yes <input type="checkbox"/> No	Criminal Background Checks <input type="checkbox"/> Yes <input type="checkbox"/> No	Probationary Period <input type="checkbox"/> Yes <input type="checkbox"/> No
Physicals <input type="checkbox"/> Yes <input type="checkbox"/> No	Minimum Experience Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Personality Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No

**Employee Benefits for TEMPORARY Employees Only:**

		Details (if yes, details must be provided)
Medical Benefits? (provide carrier name)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employee Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Time Off (how is it accumulated)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Holidays	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Sick Days	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**General Questions:**

		Details (if yes, details must be provided)
Any audit problems or disputes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any cancellation for nonpayment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any group transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any employees placed or travel outside the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any USL&H, FELA or Defense Base Act coverage needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any other commonly owned operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Employee Concentration:** Only complete if you place more than 50 workers at the same location and on the same shift at any client:

Client Name	Address	# of EEs	Class Code	Job Description

By signing, we agree that all information included in this supplemental application is accurate at the time of completion and signature. We understand that if coverage is obtained based on this information and it is found to be inaccurate that coverage may be cancelled.

Producer Name, Date & Signature: \_\_\_\_\_

Insured Name, Date & Signature: \_\_\_\_\_