

Temporary Employment Staffing Supplemental Application

Employer Name: _____ Website: _____

General Information

1) Percentage of anticipated annual growth in upcoming year: _____%

Details: _____

2) Total # of W2s last year: _____ Total # of 1099s last year: _____

	Yes	No	If yes, explain:
3) Does the employer provide PEO services?			
4) Are there other commonly owned businesses that are separately insured?			
5) Are there other operating states that are covered elsewhere?			
6) Are day laborers hired?			
7) Does the employer have established criteria for selecting new clients?			
8) Are job hazard assessments completed for all new clients or new tasks?			
9) Are there any procedures to eliminate clients due to poor safety management?			
10) Does the employer accept other temporary staffing agencies as clients?			

If yes:

Details	Payroll
	\$
	\$
	\$
	\$

**If additional lines are needed, include details on a separate page and attach to the back of this supplemental*

11) Historical data:

	Expiring Year	Prior year	2 years Prior	3 years Prior	4 years Prior
Premium					
Payroll					
Experience Mod					

**If submission contained Experience Mod worksheet(s), it is unnecessary to provide payrolls for years that are already included on the worksheet(s).*

Employees

- 1) What is the employer's criteria for screening a prospective client?
- 2) What is the employer's criteria for screening a prospective temporary employee?
- 3) Does the employer have an orientation program for new employees? Yes No
 a) If yes, provide a brief description:
- 4) Does the employer screen employees to see if they can perform the required job the client requests? Yes No
- 5) If a temporary employee has a lost time accident, will a **modified** or **light duty program** be provided for him/her? Yes No
 a) If yes, what job duties are available?
- b) If yes, where is the program provided? Employment agency's location Location of the client
- c) Is the medical provider informed of what is available? Yes No

Employee Benefits

- 1) Does the employer's benefits program include the following?

			If yes, explain in detail:
Health insurance	Yes	No	
Long term disability	Yes	No	
Short term disability	Yes	No	
Paid vacation days	Yes	No	
Paid sick days	Yes	No	
Employee Assistance Program	Yes	No	

Safety

- 1) Does the employer have a full time Risk Manager? Yes No
- a) If yes, explain job duties (for example, is workers' compensation claims management part of their job?):

- 2) Does the employer have a post-accident drug testing program? Yes No
- a) What type of sample is obtained? Saliva Urine Hair Blood
- b) How many drugs are tested (e.g., 5 panel, 7 panel, 10 panel, 12 panel, etc.): _____

Exposures

- 1) Are any temporary employees exposed to the following?
- If yes, explain in detail:

USL&H coverage	Yes	No	
Steel erection	Yes	No	
Logging or mining	Yes	No	
Flammables, explosives or chemicals	Yes	No	
Work over 6 feet in height	Yes	No	
Boiler installation / repairs	Yes	No	
Lifting over 50 pounds	Yes	No	

- 2) Do you provide employee transportation to/from client sites? Yes No
- a) If yes, please answer the following:
- Maximum number of employees in a vehicle at any one time: _____
- How often is transportation provided? _____
- Type(s) of vehicle(s) used for this transportation: _____
- Average # of miles to a client site (one-way): _____ Maximum # of miles to a client site (one-way): _____

- 3) Do you staff for driving positions? Yes No
- a) If yes, what types? (e.g., delivery of product, courier, transportation, etc.)

- 4) Are MVR checks completed for all drivers? Yes No

- 3) Additional comments:

Client List

Please provide a list of clients that the employer places temporary employees with, along with their physical address(es), workers' compensation classification code, estimated payroll, number of full-time and part-time positions, a brief description of the job(s) performed by temporary employees, and the maximum number of employees to be placed with each client.

This information may be provided separately in an Excel spreadsheet format if preferred.

Client Name:	Physical Address: *For multiple locations, enter information separately for each address	Class Code	Estimated Payroll	# of FT/PT Positions	Job Duties	Max # Employees on a Shift
				FT:		
				PT:		
				FT:		
				PT:		
				FT:		
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				PT:		

**Include additional clients on a separate page and attach to the back of this supplemental.*

Employer Signature: _____

Date: _____