

Temporary Employment Staffing Supplemental Application

Employer: _____

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) Are employees screened 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?

| | Yes | No | If yes, explain in detail: |
|-----------------------------|-----|----|---|
| Health insurance | | | <input style="width: 100%; height: 40px;" type="text"/> |
| Long term disability | | | <input style="width: 100%; height: 40px;" type="text"/> |
| Short term disability | | | <input style="width: 100%; height: 40px;" type="text"/> |
| Paid vacation days | | | <input style="width: 100%; height: 40px;" type="text"/> |
| Paid sick days | | | <input style="width: 100%; height: 40px;" type="text"/> |
| Employee Assistance Program | | | <input style="width: 100%; height: 40px;" type="text"/> |

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:

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

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: <small>*For multiple locations, enter information separately for each address</small> | Class Code | Estimated Payroll | # of FT/PT Positions | Job Duties | Max # Employees on a Shift |
|--------------|--|------------|-------------------|----------------------|------------|----------------------------|
| | | | | FT: | | |
| | | | | PT: | | |
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| | | | | FT: | | |
| | | | | PT: | | |

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

Employer Signature: _____

Date: _____