

## Specialty Workers' Compensation Temporary Staffing Program - Supplemental Application

**Notice to Broker and Applicant:**

This application and the ACORD WC Application will form the basis of our review and consideration for coverage within our staffing program. All questions must be responded to, and signature of broker and applicant are required.

**Applicant Information:**

Applicant Name:	Broker Name:
Applicant Mailing Address:	Broker Mailing Address:
Applicant Contact:	Broker Phone Number:
Applicant Phone Number:	Broker Email Address:
Applicant E-Mail Address:	Producer Name:
Applicant Website Address:	Producer E-Mail:
ASA Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Producer Phone:

**Workers Compensation Loss History:**

*(Please submit currently valued loss runs & provide details of all losses over \$25,000)*

Policy Year	Carrier	Premium	Payroll	Mod	# Claims	Paid Losses	Reserves	Total

**Percentage of Payroll in the following states:**

State	Total Estimated Payroll	%	State	Total Estimated Payroll	%
California:			New York:		
Florida:			Oregon:		
Massachusetts:			Wisconsin:		

**Payroll Exposure By Industry:**

Clerical/White Collar:	Light Industrial:
Heavy Industrial:	Manufacturing:
Construction: Skill Trade	Medical:
Construction: Other	Driving:
Wholesale/Retail:	Trucking:

**General Information (Details are required for all “yes” responses):**

Description		Details
Is applicant a PEO or part of a PEO?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are Day Laborers Provided?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is Group Transportation Provided?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are 50 or more employees at same client location at one time?(Provide client list)	Y <input type="checkbox"/> N <input type="checkbox"/>	
Have there been any audit or premium disputes with prior WC carrier?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are MSP/VMS services provided?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Does the owner have interests in any other staffing or PEO companies, not included under the holding company? If yes, please list	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is there any exchange of labor between any staffing company or PEO?	Y <input type="checkbox"/> N <input type="checkbox"/>	

**Hazard Analysis: Any employees placed in jobs with the following exposures**

Description		Details
Blasting, Sandblasting, Explosives or Ammunition	Y <input type="checkbox"/> N <input type="checkbox"/>	
Chemical, Fertilizer or Pesticide Manufacturing	Y <input type="checkbox"/> N <input type="checkbox"/>	
Exterior work above one story	Y <input type="checkbox"/> N <input type="checkbox"/>	
Forklift	Y <input type="checkbox"/> N <input type="checkbox"/>	
Foundry	Y <input type="checkbox"/> N <input type="checkbox"/>	
Garbage/Refuse Collection	Y <input type="checkbox"/> N <input type="checkbox"/>	
Grain milling or Grain Elevator	Y <input type="checkbox"/> N <input type="checkbox"/>	
Long haul trucking. Does driver unload?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Local driving including loading and unloading	Y <input type="checkbox"/> N <input type="checkbox"/>	
Manual lifting in excess of 50 pounds	Y <input type="checkbox"/> N <input type="checkbox"/>	
Mining including surface and quarry	Y <input type="checkbox"/> N <input type="checkbox"/>	
Punch Press or Press Brake Ops	Y <input type="checkbox"/> N <input type="checkbox"/>	
Roofing/Steel Erection	Y <input type="checkbox"/> N <input type="checkbox"/>	
Work from ladders, swing stages, scaffolding or elevation?	Y <input type="checkbox"/> N <input type="checkbox"/>	
USLH or Jones Act or other Federal Act Coverage	Y <input type="checkbox"/> N <input type="checkbox"/>	

**Profile Five Largest Customers**

<u>Client Name:</u>	<u>Work Performed</u>	<u>Class Code</u>	<u># Of Employees</u>	<u>Total Payroll</u>

**Client Screening & Selection: Details Required**

<b>Description</b>	<b>Details</b>
Describe client selection criteria	
Worksites Inspected for Safety Protocols	
Osha Log & E-Mod Reviewed	
Copy of Client Safety Program Reviewed	
Safety Training Provided by Clients	
Are procedures in place to terminate clients with poor loss experience?	
Who has authority to add new client	Name:

**Employee Screening-Details Required:**

<b>Description</b>		<b>Details</b>
Formal Job Application	Y <input type="checkbox"/> N <input type="checkbox"/>	
Background Check	Y <input type="checkbox"/> N <input type="checkbox"/>	
Reference & Work History Verified	Y <input type="checkbox"/> N <input type="checkbox"/>	
Minimum Experience Requirement	Y <input type="checkbox"/> N <input type="checkbox"/>	
Pre-employment Physicals	Y <input type="checkbox"/> N <input type="checkbox"/>	
Pre-employment Interview	Y <input type="checkbox"/> N <input type="checkbox"/>	
Drug Screening	Y <input type="checkbox"/> N <input type="checkbox"/>	
MVR checks – placements & in-house	Y <input type="checkbox"/> N <input type="checkbox"/>	
Probationary Period	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are employees provided with detailed description of job assignment:	Y <input type="checkbox"/> N <input type="checkbox"/>	

**Applicant Safety Protocol – Details Required:**

Description		Details
Written Safety Program (Provide Copy)	Y <input type="checkbox"/> N <input type="checkbox"/>	
Risk Manager/Safety Director	Y <input type="checkbox"/> N <input type="checkbox"/>	Name:
Safety Committee	Y <input type="checkbox"/> N <input type="checkbox"/>	
Safety Meetings for employees	Y <input type="checkbox"/> N <input type="checkbox"/>	
Light Duty/ERTW	Y <input type="checkbox"/> N <input type="checkbox"/>	
Safety Training & Orientation for Placements	Y <input type="checkbox"/> N <input type="checkbox"/>	
Safety Equipment Provided to Placements	Y <input type="checkbox"/> N <input type="checkbox"/>	
Accident Investigations conducted	Y <input type="checkbox"/> N <input type="checkbox"/>	
Post Accident Drug Testing	Y <input type="checkbox"/> N <input type="checkbox"/>	
WC Claims Tracked by Client	Y <input type="checkbox"/> N <input type="checkbox"/>	
Onsite Supervisors provided to clients	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is there an established injury reporting procedure in place?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is there a process to identify claims frequency & claims trends?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are employees instructed they are not to perform any duties other than job assigned hired for?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you have a managed care network?	Y <input type="checkbox"/> N <input type="checkbox"/>	

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date: