

## Staffing Workers' Compensation Supplemental Questionnaire

### APPLICATION INFORMATION

Insured Name:	Agency Name:
Insured Main Contact:	Broker Contact:
Insured Email:	ASA Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
Insured Phone #:	# of Physical Locations (must be on Acord):
Years in Business:	Proposed Effective Date:

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		
Category	Percentage	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 1099s (last calendar year):
# of Full-time Office Staff:	If 1099s, is payroll included for the workers' comp or are they required to carry their own coverage? <input type="checkbox"/> Included <input type="checkbox"/> Carry <input type="checkbox"/> Own
% of exposure in LA County (California):	% of exposure in the 5 boroughs (New York):

Client Breakdown					
	% of Exposure	Avg. Hourly Wage		% of Exposure	Avg. Hourly Wage
Clerical	%		Professional	%	
Light Manufacturing	%		Retail/Wholesale	%	
Heavy Manufacturing	%		Warehouse	%	
Construction/Contracting	%		Transportation	%	
Healthcare	%		Hospitality	%	
Other (please specify): _____ %					

Top 5 Clients				
Client Name	Desc. of Operations/Temps' Job Duties	Class Code	Payroll	# of Temps

**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' Locations?	<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 Non-clerical 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 Timecard 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	

General Questions		
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	
Are 50 or More Employees at the Same Client Location at One Time? (provide client list)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**HEALTHCARE STAFFING**  
 (COMPLETE ONLY IF MAKING HEALTHCARE PLACEMENTS)

Environment in Which Healthcare Staffing is Done (Please provide % of payroll for each that apply. Must total 100%)		
Hospital: %	Nursing/Asst. Living Home: %	Psychiatric Facility: %
Private Homes: %	Doctor's Office: %	Dental Office: %
Prison: %	Manufacturing Facility: %	School: %
Other (please describe): % _____		

Percentage of Placements in the Following Occupations (Must total 100%)		
RNs: %	LPNs: %	CNAs: %
Physician's Assistants: %	Homemaker/Home Aid: %	Lab Techs: %
Social Workers: %	Physical Therapists: %	Infusion Therapists: %
Speech Therapists: %	Occupational Therapists: %	Doctors/Dentists: %
Other (please describe): % _____		

Does the insured provide traveling nurses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the employees leave the state in which insured is headquartered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are all states listed on the Acord with payroll?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured provide housekeeping personnel to any medical facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the Insured Have a Written Safety Program That Includes the Following?	
OSHA Bloodborne Pathogens standard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Protective Equipment requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
OSHA Needlestick Safety and Prevention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Hepatitis B vaccine series offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured have a written hazard communication policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are Employees Required to Lift or Physically Transfer Patients?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, describe safety training and company procedures for safe lifting: _____ _____

What is the % breakdown between ambulatory vs. non-ambulatory patients?	
Ambulatory Patients	Non-Ambulatory Patients
%	%

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: \_\_\_\_\_

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

Insured Name: \_\_\_\_\_ Date: \_\_\_\_\_

Insured Signature: \_\_\_\_\_