



**Supplemental Questionnaire**

**(To be completed for workers' compensation)**

Applicant Name: \_\_\_\_\_

FEIN: \_\_\_\_\_ Number of years in business \_\_\_\_\_

Company's Website Address \_\_\_\_\_

1) List the five largest firms to which your agency provides temporary employees.  
Name of Firm Type of Employees

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

e) \_\_\_\_\_

1a) Estimated number of clients \_\_\_\_\_

2) **Temporary Placement Section** - Do you make Temporary Placements?  
If you checked "NO", Please skip #2. • Yes • No

Please provide estimated payrolls for the next 12 months in the appropriate section below:

Light Industrial: \_\_\_\_\_ Wholesale/Retail: \_\_\_\_\_

Heavy Industrial: \_\_\_\_\_ Professional: \_\_\_\_\_

Construction (trade): \_\_\_\_\_ Clerical: \_\_\_\_\_

Construction (general): \_\_\_\_\_ Medical: \_\_\_\_\_

3) ASA Member? • Yes • No

4) Percentage of anticipated annual growth: \_\_\_\_\_

5) Have there been any audit or premium disputes with any prior WC insurance carrier? • Yes • No



- 6) Describe any sources of revenue other than temporary staffing. Include any estimate of revenue for the operations:
- 
- 
- 7) Are there established new client selection criteria/procedures? Please provide details on the process.
- 
- 
- 
- 8) Are employees provided with a detailed description of the job assignment?  
• Yes • No
- 9) Are procedures in place to terminate clients with poor loss experience or unsafe work environments? • Yes • No  
If yes, please explain: \_\_\_\_\_
- 
- 
- 10) Please provide a list of unacceptable classes for which you do not place temps.
- 
- 
- 
- 11) Are any of the insured's contracts with their clients set to expire within the next one to two years? • Yes • No  
If **YES**, describe the insured's business plan to maintain or replace the current clients.
- 
- 
- 
- 12) Do you have a full-time Safety Director? • Yes • No  
If **"Yes"**, please provide name: \_\_\_\_\_
- 13) Is the safety director or other employee responsible for the following?
- Yes • No Job site inspections?
  - Yes • No Accident Investigation?
  - Yes • No Claims Review?
  - Yes • No Are Action Plans developed as claim review result?
  - Yes • No Are loss control incentives in place?
  - Yes • No Are Management & Supervisors accountable for safety?
  - Yes • No Additional Duties? \_\_\_\_\_



- 14) Does Insured have a written "Return-to-work" program? • Yes • No  
If "Yes", please provide a copy.  
If "No", is management willing to implement a program? • Yes • No
- 15) Are applicants for temporary positions given a pre-employment physical based on client requirement? • Yes • No
- 16) Do you provide the physician performing the pre-employment physical?  
• Yes • No
- 17) Drug testing of applicants is performed:  
• Yes • No Prior to Employment?  
• Yes • No After an Accident?  
• Yes • No By the request of Client?
- 18) Describe your hiring procedures for temporary employees including credentials and licensing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 19) Are MVR's reviewed for risk with driver or salesperson exposure? • Yes • No
- 20) Provide a copy of your application for employment.
- 21) List any professional or trade organizations to which you belong:  
\_\_\_\_\_  
\_\_\_\_\_
- 22) Is there a Hold Harmless Agreement between client and Temporary Staffing Company? • Yes • No  
Hold Harmless is in favor of \_\_\_\_\_.
- 23) Total # of full time employees: \_\_\_\_\_  
total # of W2's: \_\_\_\_\_ &/or 1099 \_\_\_\_\_  
Total # of part time employees: \_\_\_\_\_  
Union Shop • Yes • No • Mixed
- 24) Benefits for temporary employees:  
• Yes • No Is Hospitalization coverage provided?  
• Yes • No Hospitalization Employee Contribution? % \_\_\_\_\_



- 25) Wage level compared to region: • High • Medium • Low  
Average Rate: \$ \_\_\_\_\_
- 26) Approximate Percentage of temporary employees who become permanent employees of your clients?  
\_\_\_\_\_.
- 27) If the insured does not have a D&B rating, please provide a copy of the most recent audited or reviewed financial statements.
- 28) Does your company provide day laborers for agricultural, or construction or clients? • Yes • No
- 29) Do you or your employees provide any type of group transportation? \_\_\_\_\_.
- 30) Do you currently carry General Liability coverage? • Yes • No  
Carrier: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_/Limits: \_\_\_\_\_
- 31) Do you currently carry Professional Liability/EPLI coverage? • Yes • No  
If "No", do you wish to receive a quote for this coverage? • Yes • No
- 32) Does the applicant engage in employee leasing or PEO?  Yes  No
- 33) Does the applicant ever have 100 or more employees working at one time at any one client?  Yes  No If yes, then provide each applicable client name, address, zip code along with WC class code(s) for applicant's employees and a detailed job description of what those employees actually do at the client site.

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

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



	2008	2007	2006	2005	2004
Audited Payroll History					
Audited Premium History					

Description	Yes / No	Premium Cost Sharing	Comments
Health Insurance			
Long-Term Disability			
Short-Term Disability			
Life Insurance			
Pension Plan / 401k			
Paid Vacation Days			
Paid Sick Days			

Description	Yes / No	Not Applicable	Daily/Weekly/Monthly/ Other	Comments
Safety Committee				
Written Safety Plan				
Written Safety Policy				
Light Duty Available				
Training for Lifting, Ergonomics, Universal Precautions?				
Full time Safety Director?				
Accident Log Properly Maintained?				

Description	Yes / No	Not Applicable	Comments
Minimum Experience Requirement			If yes, then what is the minimum requirement?
References Checked			
MVR Checked Prior to Hire and annually			
Drug Screening			
Pre-Employment physicals			
Probationary/Training Period			If yes, please describe: