

Temporary Staffing Supplemental Questionnaire

Applicant Name _____

FEIN: _____ Number of years in business: _____

Company's Website Address _____

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

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

1a. Estimated number of clients: _____

2. **Temporary Placement Section** –

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

Clerical _____	Light Industrial/Factory _____
Medical Workers _____	Heavy Industrial _____
Programmers _____	Architects/Engineers _____

3. Please list any affiliates or other businesses owned or operated by any key persons or owners.

4. What is your expected growth in the upcoming policy year? Less than 10% _____
10 – 20% _____ or Greater than 20% _____

5. Please outline any planned Acquisitions, Expansions, Divestitures or Reductions in geography, clients, types of work / classes, expected revenue growth or shrinkage.

6. Describe any sources of revenue other than temporary staffing. Include an estimate of revenue for the operations: _____

7. Describe procedures for entering into a new client relationship.

5. Please provide a list of unacceptable classes for which you do not place temps.

6. Are any of the your 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.

7. Do you have a full-time Safety Director? YES NO

If **YES**, are these duties performed by that person?

YES NO Job site inspections?

YES NO Accident Investigations?

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 Branch Managers & On Site Supervisors
accountable for safety?

YES NO Additional Duties? _____

8. Do you 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

9. Are applicants for temporary positions given a pre-employment physical
based on client requirement? YES NO

10. Do you provide the physician performing the pre-employment physical?
YES NO

11. Drug testing of applicants is performed;

YES NO Prior to Employment?

YES NO After an accident?

YES NO By the request of Client?

12. Describe your procedure for verifying an applicant's credentials and licensing:

13. Are MVR's reviewed for risk's with driver or salesperson exposure? YES NO

14. Provide a copy of your application for employment.

15. List any professional or trade organization to which you belong:

16. Total # of full time employees: _____; Total # of W2's: _____ &/or 1099 _____
Total # of part time employees: _____; Union Shop YES NO Mixed

17. Benefits:

Is there Hospitalization coverage provided: YES NO

Hospitalization Employee Contribution: YES NO ___%

18; Wage level compared to region: High Medium Low
Average Rate: \$ _____

19. Approximate percentage of temporary employees who become permanent employees of your clients? _____

21. If current payroll over \$5,000,000.00, please provide a copy of the most recent audited financial statements.

22. Does your company provide day laborers for agricultural, construction or industrial clients? _____

23. Do you or your employees provide any type of group transportation? _____

24. Does the applicant engage in employee leasing or PEO services? YES NO

25. Does the applicant 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.

26. Has the applicant or any affiliates been sued for the payment of premium by their insurance carrier? YES NO If yes, describe the complaint and the current status of the case.

Producer Name, Date and Signature: _____

Insured Name, Date and Signature: _____

Payroll History	<u>2013</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>

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, then please describe:
What is turnover rate on average for drivers over the past three years?			