

Employer Name: _____

Website: _____ Phone Number: _____

Primary Contact: _____ Email: _____

Description of Operations: _____

Payroll, Premium & Experience Mod History

Please fill in the correct amount for each of the following:

Category	Expiring Year	Prior (1)	Prior (2)	Prior (3)	Prior (4)
Payroll					
Premium					
Experience Mod					

General Applicant Information

1. What is the percentage of your anticipated annual growth for the upcoming year? _____

Details: _____

2. Are you a new Venture? (If yes, attach all Sr. Executive resumes' and your Pro Forma Balance Sheet prepared by an accountant.) Yes No

3. Have you conducted business in your present territory for at least 3 years? (If no, provide details.) Yes No

Details: _____

4. Do you provide any assignments that are not temporary in nature (i.e. that do not have an end date)? Yes No

If yes, explain: _____

5. Are you required to be licensed or register as a PEO (Professional Employer Organization) in any of the states in which you operate? Yes No

6. Do you provide any PEO services? Yes No

If yes, explain: _____

7. Are there any other commonly owned businesses that are separately insured? Yes No

If yes, explain: _____

8. Are there any states in which you operate that are covered elsewhere? Yes No

If yes, explain: _____

9. Do you hire day laborers? Yes No

10. Do you provide group transportation? Yes No

11. Do you employ 100 or more workers at any single work location? Yes No

12. Do you have any outstanding WC premium or audit issues from the last three policy terms? Yes No

If yes, explain: _____

13. Do you supply workers to construction operations in California? Yes No

14. Do any of your clients have exposures to Maritime operations subject to the USL&H Act, the Admiralty Law or the Outer Continental Shelf Lands Act? Yes No

If yes, explain: _____

15. Do any of your clients have exposures to the following Acts: Migrant and Seasonal Agricultural Worker Protection Act, Federal Employers' Liability Act, Federal Coal Mine Health & Safety Act, Defense Base Act? Yes No

If yes, explain: _____

16. Are you requesting Employer's Liability ("Stop Gap") in any of the following states: ND, OH, WA and WY? Yes No

If yes, provide annual premium for each state: _____

17. Do you have foreign travel exposures? Yes No

If yes, provide details concerning countries, duration, and number of employees:

18. Do you accept other temporary staffing agencies as clients (i.e. piggyback arrangements)? Yes No

If yes, provide details and payroll associated with these clients:

Employee Screening

Does your New Hire Program include the following:

Details:

- 1. Formal written job application Yes No
- 2. Criminal Background Checks Yes No
- 3. Reference checks Yes No
- 4. Motor Vehicle checks on drivers Yes No
- 5. Job experience & placement certification requirements Yes No
- 6. Pre-employment physicals Yes No
- 7. Pre-employment drug testing Yes No
- 8. Probationary period Yes No
- 9. Minimum Experience Yes No
- 10. Any additional information.
If yes, provide details. Yes No

Employee Benefits

Does your Employee Benefits Program include the following:

Details:

- 1. Health Insurance Yes No
- 2. Long-Term Disability Yes No
- 3. Paid Vacation Days Yes No
- 4. Paid Sick Days Yes No
- 5. Employee Assistance Program Yes No

Client Information

- 1. Average Number of New Clients added annually?

Client Exposure Breakdown

2. List the number of clients and the total number of employees you have for each industry.

	# of Clients	# of Employees
Light Industrial:		
Heavy Industrial:		
Construction (Trade):		
Construction (General):		
Wholesale / Retail:		
Clerical (Professional):		
Clerical (General):		
Medical:		

3. Total # of Full-Time Office Staff: _____

4. Total # of Temporary Placements Last Year: _____

5. # of W2's: _____ # 1099's: _____

6. Do you require independent contractors to carry their own workers compensation coverage? Yes No

If no, please explain reasoning: _____

Profile of the Five Clients with the Highest Number of Employees you Provide:

7.

Customer Name	Description of work performed by your employees	Class Code	State	Payroll	Clients # of Employees	# of Temp Employees

Client Screening

Details

1. Do you have established criteria for new client selection? Yes No
If yes, provide details.
2. Do you complete job hazard assessments for all new clients or new tasks? Yes No
If yes, provide details.
3. Do you have procedures in place to eliminate clients for poor safety practices or loss experience? Yes No
4. Do you review the client's new worker orientation procedure? Yes No
5. Do you review client's response procedures for emergency or accidents? Yes No
6. Do you inspect worksites for safety "prior" to employee placement? If yes, please provide inspection template. Yes No
7. Do you or the client provide employees with a description of the job assignment? Yes No
8. Do you or the client provide safety training? *If yes, provide details.* Yes No

Safety Management by Applicant

Does your Safety program include the following:

Details:

1. Written Safety Plan? If yes, please provide table of contents. Yes No
2. Full time safety director? If yes, provide name, title and duties. Yes No
3. Safety committee? Yes No
4. Accident investigation? Yes No
5. Employer provided safety equipment? Yes No



| a Berkley Company

Temporary Staffing

Workers Compensation

Supplemental Application

- 6. Employee training for lifting, ergonomics, universal precautions? Yes No _____
- 7. Employee safety meetings? Yes No _____
- 8. Loss Control/Safety incentives? Yes No _____
- 9. Light duty / early return to work program? If yes, please provide a copy. Yes No _____
- 10. Random drug testing program Yes No _____

Claims Management and Reporting

- Does your Claims Management program include the following: Details:
- 1. Full time claims manager Yes No _____
 - 2. Claims fraud investigator Yes No _____
 - 3. Established injury reporting procedures Yes No _____
 - 4. Require all WC claims to be reported within 24 hrs. Yes No _____
 - 5. Drug testing after an injury occurs. If yes, provide details on procedure. Yes No _____
 - 6. A process to identify claims frequency and claims trends Yes No _____
 - 7. Midterm monitoring and reporting of trends in claim frequency and severity Yes No _____

Healthcare Staffing (Complete only if making Healthcare placements.)

1. Please provide the percentage (%) of payroll for the environments in which Healthcare Staffing is conducted:
- | | | | |
|-------------------------|-------|-------------------------------|-------|
| Dental Office: | _____ | Doctor's Office: | _____ |
| Manufacturing Facility: | _____ | Nursing/Assisted Living Home: | _____ |
| Private Homes: | _____ | Psychiatric Facility: | _____ |
| Physician's Assistant: | _____ | Hospitals: | _____ |
| Prison: | _____ | School: | _____ |
| Other (Please Specify): | _____ | | |

2. Percentage (%) of placements in the following occupations:

RNs:	_____	LPNs:	_____
Doctor/Dentist:	_____	Homemaker/Home Aid:	_____
Lab Techs:	_____	Occupational Therapist:	_____
Physician's Assistant:	_____	Social Worker:	_____
CNAs:	_____	Infusion Therapist:	_____
Physical Therapist:	_____	Speech Therapist:	_____
Other (Please Specify):	_____		

3. Do you provide traveling nurses? Yes No
- Do the employees leave the state you are headquartered in? Yes No
- If yes, are all states listed on the ACORD with payroll? Yes No

4. Does the written safety program include the following?
- | | | | |
|--|--|--|--|
| OSHA Bloodborne Pathogens | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hepatitis B Vaccine Services Offered | <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 |

5. Do you conduct pre-placement physical exams on all prospective hires involved in patient or client care? Yes No

6. Are employees required to lift or physically transfer patients? Yes No
- If yes, do you require all inpatient facility service client partners to have a Safe Patient Handling Program in place? Yes No
- Please Explain: _____

Construction Staffing (Complete only if making Construction placements.)

1. Has a competent person(s) been assigned to monitor workplace safety? Yes No
- A "competent person" is defined as one who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are either unsanitary or dangerous to employees, and who has authorization to take correct measures to eliminate such identified hazards.*
2. Is any lead or asbestos removal work performed? Yes No
3. Is any work done on scaffolds above 15 feet? Yes No

4. Is any work done in trenches deeper than four feet? Yes No
5. Is any demolition or blasting work performed? Yes No
6. Is any work performed on or within fifty feet of navigable waters? Yes No
7. Is any work performed to build bridges, highways or tunnels? Yes No
8. List the three clients with the largest number of placements.
(if not currently listed in Client information on page 3)

Customer Name	Description of work performed by your employee	Class Code	State	Payroll	Clients # of Employees	# of Temp

Applicant Signature

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to provide the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the Company reserves the right to modify or withdraw any offer for insurance.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

Applicant Name: _____ Title: _____

Applicant Signature: _____ Date: _____

Producer Name: _____ Title: _____

Producer Signature: _____ Date: _____