StaffPRO3
PROFESSIONAL | PROGRAMS | PRODUCTS
Insurance Solutions for the Staffing Industry
A Division of PMC Insurance Group
A National Workers' Compensation Wholesaler

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Temporary Staffing Supplemental Application Workers' Compensation

I. CONTACT INFORMATION

APPLICANT INFORMATION

Applicant Name: _____

Applicant Contact: _____

Business Website: _____

BROKER INFORMATION

Broker Name: _____

Broker Contact: _____

Broker Email Address: _____

II. PRIOR PAYROLL AND PREMIUM INFORMATION

	Current Year	Prior Year (1)	Prior Year (2)	Prior Year (3)	Prior Year (4)
Premium ($)					
Payroll ($)					

III. GENERAL APPLICANT INFORMATION

			Details
What percentage of your anticipated annual growth for the upcoming year?			
Are you a new Venture? (If "Yes", attach all Sr. Executive resumes and your Pro Forma Balance Sheet prepared by an accountant)	☐ Yes	☐ No	
Have you conducted business in your present territory for at least 3 years? (If "No", provide details.)	☐ Yes	☐ No	
Do you provide any assignments that are not temporary in nature (i.e. that do not have an end date)? (If "Yes", provide details.)	☐ Yes	☐ No	
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	
Do you provide any PEO services? (If "Yes", provide details.)	☐ Yes	☐ No	
Are there any other commonly owned businesses that are separately insured? (If "Yes", provide details.)	☐ Yes	☐ No	
Are there any states in which you operate in that are covered elsewhere? (If "Yes", provide details.)	☐ Yes	☐ No	
Do you hire day laborers?	☐ Yes	☐ No	
Do you provide group transportation?	☐ Yes	☐ No	
Do you employ 100 or more workers at any single work location?	☐ Yes	☐ No	

Do you have any outstanding WC premium or audit issues from the last three policy terms? (If “Yes”, provide details.)	☐ Yes	☐ No	
Do you supply workers to construction operations in California?	☐ Yes	☐ No	
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? (If “Yes”, provide details.)	☐ Yes	☐ No	
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? (If “Yes” provide details.)	☐ Yes	☐ No	
Are you requesting Employer's Liability ("Stop Gap") in any of the following states: ND, OH, WA and WY? (If “Yes”, provide annual premium for each state.)	☐ Yes	☐ No	
Do you have foreign travel exposures? (If “Yes”, provide details concerning countries, duration, and number of employees.)	☐ Yes	☐ No	

IV. EMPLOYEE SCREENING

Does your New Hire Program include the following?			**Details**
Formal written job application	☐ Yes	☐ No	
Criminal background checks	☐ Yes	☐ No	
Reference checks	☐ Yes	☐ No	
Motor vehicle checks on drivers	☐ Yes	☐ No	
Job experience & placement certification requirements	☐ Yes	☐ No	
Pre-employment physicals	☐ Yes	☐ No	
Drug testing	☐ Yes	☐ No	
Probationary period	☐ Yes	☐ No	
Minimum experience requirements	☐ Yes	☐ No	
Any additional information (If “Yes”, please provide details)	☐ Yes	☐ No	

V. EMPLOYEE BENEFITS

Does your Employee Benefits program include the following?					
			Waiting Period for Eligibility	**% of Employee Participation**	**Details**
Health Insurance	☐ Yes	☐ No			
Long-Term Disability	☐ Yes	☐ No			
Short-Term Disability	☐ Yes	☐ No			
Paid Vacation Days	☐ Yes	☐ No			
Paid Sick Days	☐ Yes	☐ No			

VI. CLIENT INFORMATION

Average number of new clients added annually?	

Client Exposure Breakdown
(List the number of clients you have for each industry and the total number of employees assigned to each industry)

	# of Clients	# of Employees		# of Clients	# of Employees
Light Industrial			Wholesale/Retail:		
Heavy Industrial			Clerical (Professional):		
Construction (Trade):			Clerical (General):		
Construction (General):			Medical:		
Total # of Office Staff:		Total # of Temporary Placements Last Year:			

# of W2's:		# of 1099's:		Do you require Independent Contractors to carry their own WC coverage?	☐ Yes	☐ No	If "No", please explain reason:	

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

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

VII. CLIENT SCREENING

			Details
Do you have established criteria for new client selection? (If "Yes", provide details.)	☐ Yes	☐ No	
Do you complete job hazard assessments for all new clients or new tasks? (If "Yes", provide details.)	☐ Yes	☐ No	
Do you have procedures in place to eliminate clients for poor safety practices or loss experience?	☐ Yes	☐ No	
Do you review the client's new worker orientation procedure?	☐ Yes	☐ No	
Do you review client's response procedures for emergency or accidents?	☐ Yes	☐ No	
Do you inspect worksites for safety "prior" to employee placement?	☐ Yes	☐ No	
Do you or the client provided employees with a description of the job assignment?	☐ Yes	☐ No	
Do you or the client provide safety training? (If "Yes", provide details.)	☐ Yes	☐ No	

VIII. SAFETY MANAGEMENT BY APPLICANT

Does your Safety Program include the following?			Details:
Written safety plan	☐ Yes	☐ No	
Full time safety director (If "Yes", provide name and title)	☐ Yes	☐ No	
Safety committee	☐ Yes	☐ No	
Accident investigation	☐ Yes	☐ No	
Employer provided safety equipment	☐ Yes	☐ No	
Employee training for lifting, ergonomics, universal precautions	☐ Yes	☐ No	
Employee safety meetings	☐ Yes	☐ No	
Loss Control/Safety incentives	☐ Yes	☐ No	
Light duty/early return to work	☐ Yes	☐ No	

IX. CLAIMS MANAGEMENT & REPORTING

Does your Claims Management program include the following?			Details:
Full time claims manager	☐ Yes	☐ No	
Claim fraud investigation	☐ Yes	☐ No	
Established injury reporting procedures	☐ Yes	☐ No	
Require all WC claims be reported within 24 hours	☐ Yes	☐ No	
Drug testing after injury occurs (If "Yes", please provide details on procedures)	☐ Yes	☐ No	
A process to identify claims frequency & claims trends	☐ Yes	☐ No	
Mid-term monitoring and reporting of trends in claim frequency and severity	☐ Yes	☐ No	

X. 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: _____ Date: _____
Please type or print

Applicant Signature: _____