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Specialty Workers' Compensation
Temporary Staffing Program - Supplemental Application

In addition to the ACORD Worker's Compensation Application, all of the following is required for submission:

General Information:

Applicant Name:	Broker:
Address:	Website:
Insured Contact Person:	Contact Person's Email Address:
Percentage of Anticipated Annual Growth:	ASA Member: <input type="checkbox"/> Yes <input type="checkbox"/> No

Payroll Exposure Breakdown (List Number of Clients):

Light Industrial:	Wholesale / Retail:
Heavy Industrial:	Clerical (Professional):
Construction (Trade):	Clerical (General):
Construction (General):	Medical:

Workers Compensation Loss History:

(Please submit currently valued loss runs & provide details of all losses over \$25,000)

Policy Year	Carrier	Total Payroll	Mod	Number of Claims	Paid Losses	Outstanding Reserves	Total Losses
2006							
2005							
2004							
2003							
2002							



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Client Screening:

Description		Details
Are there established new client selection criteria? Details required.	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are prospective worksites inspected for safety purposes?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are employees provided with detailed description of job assignment?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is safety training provided by client?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are procedures in place to terminate clients with poor loss experience?	Y <input type="checkbox"/> N <input type="checkbox"/>	

Employee Screening:

Description		Details
Formal job application	Y <input type="checkbox"/> N <input type="checkbox"/>	
References checked	Y <input type="checkbox"/> N <input type="checkbox"/>	
Minimum experience requirement	Y <input type="checkbox"/> N <input type="checkbox"/>	
Pre-employment physicals	Y <input type="checkbox"/> N <input type="checkbox"/>	
Drug screening	Y <input type="checkbox"/> N <input type="checkbox"/>	
MVR checks for drivers	Y <input type="checkbox"/> N <input type="checkbox"/>	
Probationary period	Y <input type="checkbox"/> N <input type="checkbox"/>	



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Benefits Information:

Description		Details
Health Insurance	Y <input type="checkbox"/> N <input type="checkbox"/>	
Long-Term Disability	Y <input type="checkbox"/> N <input type="checkbox"/>	
Short-Term Disability	Y <input type="checkbox"/> N <input type="checkbox"/>	
Life Insurance	Y <input type="checkbox"/> N <input type="checkbox"/>	
Pension Plan / 401K	Y <input type="checkbox"/> N <input type="checkbox"/>	
Paid Vacation Days	Y <input type="checkbox"/> N <input type="checkbox"/>	
Paid Sick Days	Y <input type="checkbox"/> N <input type="checkbox"/>	

Safety Information:

Description		Details
Safety Committee	Y <input type="checkbox"/> N <input type="checkbox"/>	
Written Safety Plan	Y <input type="checkbox"/> N <input type="checkbox"/>	
Light Duty / ERTW	Y <input type="checkbox"/> N <input type="checkbox"/>	
Training for lifting, ergonomics, universal precautions	Y <input type="checkbox"/> N <input type="checkbox"/>	
Full time safety director on staff	Y <input type="checkbox"/> N <input type="checkbox"/>	
Safety equipment provided	Y <input type="checkbox"/> N <input type="checkbox"/>	
Safety meetings for employees	Y <input type="checkbox"/> N <input type="checkbox"/>	
Accident investigations conducted	Y <input type="checkbox"/> N <input type="checkbox"/>	



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Claims Information:

Description		Details
Is there a claims manager on staff?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is there an established injury reporting procedure in place?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is there a process to identify claims frequency & claims trends?	Y <input type="checkbox"/> N <input type="checkbox"/>	

General Information (Details are required for all "yes" responses):

Description		Details
Are PEO services provided?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are day laborers provided to clients?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is group transportation provided?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Have there been any audit or premium disputes with any prior WC insurance carrier?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Are there 100 or more employees at same client location at a time?	Y <input type="checkbox"/> N <input type="checkbox"/>	

Applicant Signature

Producer Signature

Date:

Date: