



The following information is being requested by:

SUNZ Insurance Company:

Staffing Supplemental

Prospective Client Name: _____ FEIN#: _____

Client Representative (Owner/Officer): _____ Title: _____

Active Years in Business: _____ (Min. 5 years) State Exposure(s): _____

- Provide a description of operations.
- Please provide a copy of the Owner(s) resume.
- Please provide, if applicable, a list of related business entities through common ownership or interest.
- What was your most recent gross payroll total? \$ _____. (Please provide a copy of the most recent payroll invoice that matches the gross payroll amount total, broken out by class codes).
- Please provide a list of your top 10 clients. (Include length of relationship and detailed job descriptions).
- Current NCCI Exp. MOD, if applicable: _____
- Please provide a breakdown of Hazard Groups based on class codes utilized during the year prior to this submission:
A _____% B _____% C _____% D _____% E _____% F _____% G _____%
 - Hours of operation: Mon. – Fri.: _____ Sat.: _____ Sun.: _____

Yes No Do you provide day labor?

Yes No Do you pay any employees on a daily basis?

Yes No Is any work performed above ground at a height of 6-feet or greater, that requires the use of scaffolding, lifts, booms or any other equipment or device? If yes, please explain. _____

Yes No Is any work performed below ground at a depth of 4-feet or greater that would require the use of shoring systems such as but not limited to posts, wales, struts, sheeting or trench boxes? _____

Yes No Is any work performed that requires Personal Protective Equipment (PPE)? If yes, please provide a list of the PPE that is issued by your company. _____

Yes No Are any employees required to drive vehicles in the performance of their employment? If yes, please explain. _____

Yes No Are any employees required to travel and/or work out of your businesses domicile state? If yes, what kind of work will be performed? _____

Yes No Are any employees required to operate any heavy or specialized equipment in the performance of employment? If yes, please explain and provide a copy of all active employees' certifications/licenses. _____

Yes No Is any work performed in confined spaces and/or requires the use of face masks, respirators or SCBA's? If yes, please explain. _____

Yes No Does your business provide group transportation? If yes, what is the maximum number you will transport at one time and in what type of vehicle? _____

Yes No Are employees and clients notified in writing that assigned employees must utilize seat belts and ride inside moving vehicles and any other mode of transportation?

Yes No Has your business ever incurred one or more losses in excess of \$250,000?

Yes No Have you provided three (3) full years of currently valued, within thirty (30) days, loss runs for review?

Yes No Do you operate a certified drug free workplace? If yes, provide a copy of your program.

Yes No Do you have a written safety program currently in use? If yes, please provide a copy.

Yes No Do you require your employees working above 6 feet to utilize fall protection at all times? If yes, what types of fall protection do you require and who manufactures it? _____

Yes No Do you provide continuous training based on the industries you serve? If yes, how often:

Daily Weekly Monthly Other: _____

Yes No Do you maintain all training records?

Yes No Are employees required to sign-off that they have been trained?

It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits. Any person who knowingly, and with intent to defraud any insurance company or another 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 insurance act, which is a crime and subjects the person to criminal and civil penalties.

By signing this document you are authorizing SUNZ Insurance Company to request and be furnished Experience Modification Worksheet(s)/Risk Snapshot(s), from NCCI, relating to the entity named above.

Prospective Client Signature: _____ Date: _____

PEO Representative: _____ Date: _____