**Staffing Supplemental Questionnaire**

**Submission Requirements**: Completed supplemental, fully completed Acord 130, 4 years of currently valued loss runs, 2 years of audited financials, experience mod worksheet and completed background authorization forms for all officers/partners. The completed client list template will also be required and must include (legal name of the client company, physical address, description of the client company’s business, duties of the staffed employee, number of employees to be staffed, estimated payroll, number of employees and class code).

**Note**: Client company placements will be classified as if they are direct employees of the entity where they are being placed. This means the governing class will apply unless the risk is located in MI or if a standard exception applies.

**Applicant Information:**

|  |  |
| --- | --- |
| Staffing Company Legal Name | Contact Name |
| Staffing Company DBA | Contact Phone |
| Mailing Address             , | Contact Email |
| Physical Address             , | Staffing Company Website |
| What year was the company established? | |
| Has the staffing company operated under a different name in the past years? If yes, please provide the names and address. | |

**Ownership**

Please list all officers/partners.

|  |  |
| --- | --- |
| **Name** | **Title** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Please list all entities owned or partially owned by any of the officers/partners.** | **Nature of Operations** | **Current Insurance Carrier** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Note:** The underwriter will advise if an ERM14 is needed.

**Employee Selection and Screening**

|  |  |  |
| --- | --- | --- |
| **Process for All Employees** | **Yes / No** | **Detailed Description** |
| Formal Employment Application |  |  |
| I-9 Verification |  |  |
| E-Verify.Gov |  |  |
| Reference Check |  |  |
| Prior Employment Verification |  |  |
| Drug Screen |  |  |
| Physical |  |  |
| MVR Check with Criteria for acceptability |  |  |

**Safety and Daily Controls**

|  |  |  |
| --- | --- | --- |
| **Control** | **Yes/No** | **Detailed Description** |
| Written Safety Program |  |  |
| Risk Manager |  |  |
| Loss Prevention Staff |  |  |
| Established Return to Work Program |  |  |
| Safety Training to Placements |  |  |
| Personal Protective Equipment Provided |  |  |
| Post Accident Drug Testing |  |  |
| Accident Investigation Procedure |  |  |
| Is there a procedure in place for reporting claims timely? |  |  |
| Does the staffing company have a process to monitor frequency and severity by client company? |  |  |
| Are employees provided a detailed job description prior to placement? |  |  |
| Are employees instructed not to perform duties outside the job description? |  |  |
| Does the staffing company have a managed care network or triage service? |  |  |

**General Information**

|  |  |  |
| --- | --- | --- |
|  | **Yes/No** | **Detailed Description** |
| Does the staffing company provide benefits to staffed employees? |  |  |
| Are day laborers staffed? |  |  |
| Are 70 or more employees staffed to a single location at one time? |  |  |

**Prior Carrier Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Carrier** | **Premium** | **Reason Moved** | **Audit Disputed Yes/No** |
| 2013/2014 |  |  |  |  |
| 2012/2013 |  |  |  |  |
| 2011/2012 |  |  |  |  |
| 2010/2011 |  |  |  |  |
| Does the staffing company have any outstanding audit premiums for a prior carrier? | | | | |
| Has the staffing company been cancelled for non-payment in the last 24 months? | | | | |

**Underwriting**

|  |
| --- |
| What states does the staffing company operate in? |
| What is the target market or industry? |
| What type of staffing does the staffing company specialize in? (long-term placements, temp to hire, service agreements) |
| What is the new client company vetting process? |
| What percentage of new client companies does the staffing company inspect? |
| Are the physical abilities and experience of the employee considered when placements are made? |

**Industry Placements**

|  |  |  |
| --- | --- | --- |
| **Are placements made to client companies with the following exposures?** | | |
| **Exposure** | **Yes/No** | **Detailed Description (incl. Client Company Name)** |
| Ammunition, Fireworks, Explosives |  |  |
| Amusement |  |  |
| Construction/Contracting |  |  |
| Exposed to roadway traffic |  |  |
| Fertilizer or Pesticide Manufacturing |  |  |
| Forklift |  |  |
| Foundry |  |  |
| Grain Milling/Grain Elevator |  |  |
| Livery |  |  |
| Manual Lifting in excess of 50lbs |  |  |
| NCCI or MI Bureau Hazard Grade F or G |  |  |
| Punch Press or Brake Press |  |  |
| Quarry |  |  |
| Refuse Collection/Hauling |  |  |
| Silica |  |  |
| Tree Trimming/Climbing |  |  |
| Trucking (long or short haul) |  |  |
| USL & H |  |  |
| Work performed at heights |  |  |
| Work performed on rooftops |  |  |

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Applicant Name, Title, Signature Date

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Producer Name, Date & Signature Date