

Temporary Staffing Workers' Compensation Supplemental Application

Submit completed applications to submissions@invounderwriting.com or call 833-777-2453

I. APPLICANT INFORMATION		II. BROKER INFORMATION			
Applicant Name: _____		Broker Name: _____			
Applicant Contact: _____		Broker Contact: _____			
Insured Email Address: _____		Broker Email Address: _____			
Business Website: _____					
III. PRIOR PAYROLL AND PREMIUM INFORMATION					
	Current Year	Prior Year (1)	Prior Year (2)	Prior Year (3)	Prior Year (4)
Premium					
Payroll					
IV. GENERAL APPLICANT INFORMATION					Details
1. What is the percentage of your anticipated annual growth for the upcoming year?					
2. Are you a new Venture? (If yes, attach all Sr. Executive resumes' and your Pro Forma Balance Sheet prepared by an accountant.)					<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you conducted business in your present territory for at least 3 years? (If no, provide details.)					<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you provide any assignments that are not temporary in nature (i.e. that do not have an end date)? (If yes, provide details.)					<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you required to be licensed or register as a PEO (Professional Employer Organization) in any of the states in which you operate?					<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you provide any PEO services? (If yes, provide details.)					<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are there any other commonly owned businesses that are separately insured? (If yes, provide details.)					<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are there any states in which you operate in that are covered elsewhere? (If yes, provide details.)					<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you hire day laborers?					<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you provide group transportation?					<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you employ 100 or more workers at any single work location?					<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you have any outstanding WC premium or audit issues from the last three policy terms? (If yes, provide details.)					<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you supply workers to construction operations in California?					<input type="checkbox"/> Yes <input type="checkbox"/> 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? (If yes, provide details.)					<input type="checkbox"/> Yes <input type="checkbox"/> No
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? (If yes, provide details.)					<input type="checkbox"/> Yes <input type="checkbox"/> No

16. Are you requesting Employer's Liability ("Stop Gap") in any of the following states: ND, OH, WA, WY? (If yes, provide annual premium for each state.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Do you have foreign travel exposures? (If yes, provide details concerning countries, duration, and number of employees)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
V. EMPLOYEE SCREENING		
Does your New Hire Program include the following:	Details	
1. Formal written job application	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Criminal Background Checks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Reference checks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Motor Vehicle checks on drivers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Job experience & placement certification requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Pre-employment physicals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Drug testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Probationary period	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Minimum Experience Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Any additional information (If yes, provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VI. EMPLOYEE BENEFITS		
Does your Employee Benefits program include the following:	Waiting Period for Eligibility	% of Employee Participation
1. Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Long-Term Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Short-Term Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Paid Vacation Days	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Paid Sick Days	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VII. CLIENT INFORMATION		
Average Number of New Clients added annually?		
	# of Clients	# of Employees
Light Industrial:		Wholesale/Retail
Heavy Industrial:		Clerical (Professional)
Construction (Trade):		Clerical (General):
Construction (General):		Medical:
Total # of Full Time Staff 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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
VIII. CLIENT SCREENING		
	Details	
1. Do you have established criteria for new client selection? (If yes, provide details.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Do you complete job hazard assessments for all new clients or new tasks? (If yes, provide details.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you have procedures in place to eliminate clients for poor safety practices or loss experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Do you review the client's new worker orientation procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Do you review client's response procedures for emergency or accidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do you inspect worksites for safety "prior" to employee placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Do you or the client provided employees with a description of the job assignment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do you or the client provide safety training? (If yes, provide details.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IX. SAFETY MANAGEMENT BY APPLICANT		
Does your Safety program include the following:		Details
1. Written Safety Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Full time safety director (If yes, provide name and title)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Safety committee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Accident investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Employer provided safety equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Employee training for lifting, ergonomics, universal precautions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Employee safety meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Loss Control/Safety Incentives	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Light duty/early return to work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
X. CLAIMS MANAGEMENT & REPORTING		
		Details
1. Full time claims manager	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Claim fraud investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Established injury reporting procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Require all WC claims be reported within 24 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Drug Testing after an injury occurs (If yes, provide details on procedure)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. A process to identify claims frequency & claims trends	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Mid-term monitoring and reporting of trends in claim frequency and severity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
XI. APPLICANT SIGNATURE		
<p>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.</p> <p>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.</p>		
Applicant Signature:	Date:	