



Staffing Protect Workers' Compensation Application

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 registered 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 or locations in which you operate that are already covered under a workers' compensation policy other than the one you are applying for? (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 or disputes 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?					<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

2.	Do you complete job hazard assessments for all new clients or new tasks? <i>(If yes, provide details.)</i>	<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? <i>(If yes, provide details.)</i>	<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 <i>(If yes, provide name and title)</i>	<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 <i>(If yes, provide details on procedure)</i>	<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: Please carefully review the state-specific fraud warnings shown in the main application that this document supplements.</p> <p>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:

FRAUD WARNINGS

GENERAL: 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 insurance act. (Applicable in all states other than those listed below. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your application).

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OF BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK: 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 insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

PENNSYLVANIA: 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 subjects such person to criminal and civil penalties.

RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
TENNESSEE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.