



Specialty Workers' Compensation Temporary Staffing Program - Supplemental Application

In addition to the ACORD Worker's Compensation Application, completion of this form is required for new business submissions.

General Information:

Applicant Name:	Broker:
Address:	Website:
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:

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"/>	

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"/>	
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
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"/>	

Claims Information:

Description		Details
Are all WC claims reported within 24 hours?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is there an established injury reporting procedure?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Is there a process to	Y <input type="checkbox"/>	

identify claims frequency & claims trends?	N <input type="checkbox"/>	
--	----------------------------	--

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

Description		Details
Is insured a PEO (Professional Employer Organization)?	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: