

Supplemental Questionnaire for Temporary Staffing Agencies

Legal Name of Temporary Staffing Agency:	Application ID/Policy Number:
Trade Names of Temporary Staffing Agency:	

GENERAL INFORMATION – Please provide details in Comments section for all YES responses.

1. Are there any commonly owned businesses? Yes No	Comments:
2. Are these businesses insured? Yes No	
3. Do you have operations in other states? Yes No	
4. Do you have any foreign travel exposures? Yes No If yes, please provide details concerning countries, duration and number of employees.	

PERSONNEL PRACTICES

Do you implement the following for all employees including the temporary employees provided to clients? If yes, provide details.

1. Pre-employment physicals	Yes	No	
2. Pre-placement drug screening	Yes	No	
3. Periodic drug testing	Yes	No	
4. Criminal background checks	Yes	No	
5. Motor vehicle checks on drivers	Yes	No	
6. Job experience & certification requirements	Yes	No	
7. Minimum experience requirements	Yes	No	
8. New-hire orientation program	Yes	No	
9. Employee handbook	Yes	No	
10. Performance appraisals	Yes	No	
11. Wellness program in place	Yes	No	

EMPLOYEE BENEFITS – Please provide details in Comments section for all YES responses.

Do you offer the following benefits to your direct employees?			Percentage of Employer Contribution	Percentage of Employees Enrolled	Comments
1. Medical	Yes	No			
2. Dental	Yes	No			
3. Vision	Yes	No			
4. Retirement	Yes	No			
5. Paid vacation days	Yes	No			
6. Paid sick days	Yes	No			
Do you offer the following benefits to the employees you send to clients? If yes, include details in Comments box.			Percentage of Employer Contribution	Percentage of Employees Enrolled	Comments
7. Medical	Yes	No			
8. Dental	Yes	No			
9. Vision	Yes	No			
10. Retirement	Yes	No			
11. Paid vacation days	Yes	No			
12. Paid sick days	Yes	No			



CLIENT INFORMATION – Please include details in Comments section for all YES responses.

Average # of New Clients added each year: Total # of Full-Time Office Staff:
Average # of New Employees each year: Total # of Temporary Staffing Employees:
Total # of W2's: Total # of 1099's:

Do you require Independent Contractors to carry their own workers' compensation coverage? Yes No

If no, please explain reason:

1. Do you have any Employer of Record (EOR) contracts with your clients?	Yes	No	Comments:
2. Do you provide any PEO services?	Yes	No	
3. Do you provide any services to your client(s), which include reporting client payroll under your FEIN/SEIN?	Yes	No	
4. Do you provide employees to fill entire segment(s) of your client's operations?	Yes	No	
5. Do you hire day laborers?	Yes	No	

CLIENT SCREENING – Please provide details in Comments section for all YES responses.

1. Do you have established criteria for new client selection?	Yes	No	Comments:
2. Do you complete job hazard assessments for all new clients or new tasks?	Yes	No	
3. Do you have procedures in place to eliminate clients for poor safety practices or loss experience?	Yes	No	
4. Do you review client's new worker orientation procedure?	Yes	No	
5. Do you review client's response procedures for emergency or accidents?	Yes	No	
6. Do you inspect worksite for safety "prior" to employee placement as well as ongoing unannounced inspections?	Yes	No	
7. Do you or the client provide employees with description of the job assignment?	Yes	No	
8. Do you or the client provide safety training?	Yes	No	

SAFETY PRACTICES/PROGRAMS – Please provide details in Comments section for all YES responses.

1. Do you have a full time safety director? (If yes, provide name and title.)	Yes	No	Comments:
2. Do you perform accident investigations?	Yes	No	
3. Are your supervisors held accountable for safety at client worksites?	Yes	No	
4. Do you or your client provide employees with PPE?	Yes	No	
5. Do you conduct employee safety meetings?	Yes	No	
6. Do you have an employee safety incentive program?	Yes	No	
7. Do you offer modified duty/early return to work?	Yes	No	

Is there any other information about your company, operations, or practices that have been implemented, which may have a positive impact on employee safety?

Insurance Code 11880 prohibits the willful misrepresentation of any facts in order to obtain lower insurance rates. State Fund reserves the right to verify the accuracy of information provided to it by insurance applicants.

I understand that this is an evaluation form, **not** an application for insurance. It does not bind the State Fund to coverage of the above risk.

Printed Name

Title

Date (MM/DD/YYYY)

Signature