



WORKFIRST
CASUALTY COMPANY
SUPPLEMENTAL APPLICATION

Applicant name:

FEIN:

Number of years in business:

Applicant's Website address:

Please attach the following documents to this supplemental application:

- Complete client list with class code, summary job description and projected payroll by client
- Currently valued loss runs for the current and previous four years
- Copy of the most recent annual and year-to-date financial statements (audited if available).
- Copies of your client agreement and the front and back of your time card

1. Estimated number of clients:

2. Does your company provide day laborers for agricultural, construction or industrial clients? YES NO

3. Do you or your employees provide any type of transportation of your temporary employees? YES NO

4. Do you engage in employee leasing or PEO services? YES NO

5. Describe any sources of revenue other than temporary staffing. Include an estimate of revenue for the operations:

6. Do you have an ownership stake in any other staffing or PEO companies? YES NO
If YES, please list names and include percentage of common ownership:

7. Do you have a Safety Director and/or Claims Manager? FULL TIME PART TIME NO
If YES, attach job description or describe their duties:

8. Attach or describe your Return-to-Work program:

Do you bring the worker back to work when the doctor has provided a:

- limited release
- full release

- YES NO
- YES NO

9. Do you place employees more than 50 miles from your office location? YES NO
If YES, how do you accommodate Return-to-Work?

10. Approximate percentage of temporary employees who become permanent employees of your clients?
%

11. Do you have 100 or more employees working at one time at any one client location? YES NO

11a. If YES, provide each client name, address, zip code along with WC class code(s) for employees and a detailed job description of what those employees actually do at the client site.

Client name:

Class code(s):

Address:

Job description:

11b. Do you have on-site Managers for all shifts? YES NO

12. What software do you use for:

Accounting:

Payroll:

Front office / Search and retrieval:

13. What limits do you carry on your Employment Practices Liability insurance? \$

14. Audited payroll for last five policy periods:

Policy Period	Amount
-	\$
-	\$
-	\$
-	\$
-	\$

15. Attach or describe your client selection procedures:

16. How often are client site safety evaluations conducted and are they documented?

17. Who conducts site safety inspections?

18. Please provide a list of unacceptable classes for which you **do not** place temporary employees:

19. Attach or describe your safety training program for your temporary employees:

20. Attach or describe your orientation program for your temporary employees:

21. Attach or describe your temporary employee hiring procedures:

22. Do you utilize a post-offer medical questionnaire for:

- All temporary associates
- Some temporary associates
- None

If so, please provide a copy.

23. Do you perform pre-employment fit-for-duty medical evaluations for:

- All temporary associates
- Some temporary associates
- None

24. Describe how you verify legal status to work:

25. Do you utilize pre-employment integrity testing for:

- All temporary associates
- Some temporary associates
- None

If YES, which one?

26. Do you perform reference checks on applicants for:

- All temporary associates
- Some temporary associates
- None

27. Do you perform criminal background checks on applicants for:

- All temporary associates
- Some temporary associates
- None

28. Drug testing of applicants is performed:

- Prior to employment on all employees whether or not requested by a client YES NO
- Prior to employment only if requested by the client YES NO
- After an accident YES NO

29. Are alcohol tests performed after an accident? YES NO

30. Are Motor Vehicle Records (MVR) reviewed for risks with driver or salesperson exposure? YES NO

31a. Please describe any driving exposure:

31. Describe any exposure to heights of any kind:

32. Describe any exposure or presence of overhead cranes, lifts, or hoists:

33. Describe any use of lifts, cherry pickers, etc.:

34. Describe any exposure involving the maintenance, cleaning, servicing, or repair of any equipment or Machinery:

35. Describe any occupational disease exposure of any kind:

The undersigned Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify Work First Casualty Company of any material changes in the answers to the questions on this Supplemental Application which may arise prior to the effective date of any policy issued pursuant to this Supplemental Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such

changes at the sole discretion of Work First Casualty Company.

Notwithstanding any of the foregoing, the Applicant understands that Work First Casualty Company is not obligated or under any duty to issue a policy of insurance based upon this information. The Applicant also agrees to use commercially reasonable efforts to provide light duty to all its injured workers until such time as they reach maximum medical improvement.

Applicant Signature (required): _____

Name:

Date:

Producer Signature (required): _____

Name:

Date: