RT WC Specialty

WC Specialty for Temp Staffing

Supplemental Workers' Compensation Application

Insured Name:	Eff Date:
Insured Contact:	Years in Business:
Insured Website:	ASA Member: ☐ Yes ☐ No

Prior Coverage Information:

	Current Year	Prior Year 1	Prior Year 2	Prior Year 3	Prior Year 4
Premium					
Payroll					
Carrier					

Operations Overview: *(Must equal 100%)*

% Temporary Placements	% Temp to Perm
% Contract Placements – Average length of contract?	% Direct Hire
% Day Labor	% PEO/Employee Leasing
% Payrolling – Explain:	

General Applicant Information:

		Details (if yes, details must be provided)
Expected % of growth this year	☐ Yes ☐ No	
Any other commonly owned businesses that are separately insured?	☐ Yes ☐ No	
Any states in which you operate in that are covered elsewhere?	☐ Yes ☐ No	
Do you provide group transportation?	☐ Yes ☐ No	
Any outstanding WC premium or audit issues in the past 3 policy terms?	☐ Yes ☐ No	
Any clients with exposure to the following: USL&H Act Admiralty Law Outer Continental Shelf Land Act Migrant & Seasonal Agriculture Workers Protection Act Federal Employers Liability Act Federal Coal Mine Health & Safety Act Defense Base Act	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	
Any foreign travel exposure?	☐ Yes ☐ No	

Employee Screening:

Does your new hire Program Include the following?		Details (if yes, details must be provided)
Formal written job application	☐ Yes ☐ No	
Criminal Background Checks	☐ Yes ☐ No	
Reference Checks	☐ Yes ☐ No	
Motor Vehicle checks on drivers	☐ Yes ☐ No	
Job experience & certification requirements	☐ Yes ☐ No	
Pre-employment physicals	☐ Yes ☐ No	
Drug Testing	☐ Yes ☐ No	
Probationary Period	☐ Yes ☐ No	
Minimum experience requirements	☐ Yes ☐ No	
Any additional information?	☐ Yes ☐ No	

Employee Benefits:

Does your Employee Benefits Program for the temporary workers Include the following?		Waiting Period for Eligibility	% of EE Participation	Details (if yes, details must be provided)
Health Insurance	☐ Yes ☐ No			
Long-Term Disability	☐ Yes ☐ No			
Short-Term Disability	☐ Yes ☐ No			
Paid Vacation Days	☐ Yes ☐ No			
Paid Holidays	☐ Yes ☐ No			
Paid Sick Days	☐ Yes ☐ No			

Client Information:

# of Active Clients:	Average # of New Clients Annually:
# of W2s (last calendar year):	# of 1099's (last calendar year):
# of Full-time Office Staff:	If 1099's, is payroll included for the workers' comp or are they required to carry their own coverage? ☐ Included ☐ Carry Own

Client Breakdown:

	# of Clients	Avg Hourly Wage		# of Clients	Avg Hourly Wage
Light Industrial	%		Wholesale/Retail	%	
Heavy Industrial	%		Clerical (Professional)	%	
Heavy Manufacturing	%		Clerical (General)	%	
Construction (General)	%		Medical	%	

Top 5 Clients:

Client Name	Description of Operations/Work Performed by temps	Class Code	State	Payroll	Client # of EEs	# of Temp EEs

Client Screening:

		Details (if yes, details must be provided)
Are there established Client Selection Criteria?	☐ Yes ☐ No	
Is a Job Hazard Analysis completed on all new clients? (provide sample copy)	☐ Yes ☐ No	
Are there procedures in place for terminating clients?	☐ Yes ☐ No	
Do you review client's new worker orientation procedures?	☐ Yes ☐ No	
Do you review client's response procedures for emergency or accidents?	☐ Yes ☐ No	
Do you inspect worksites for safety PRIOR to employee placement?	☐ Yes ☐ No	
Do you or the client provide employees with written job descriptions/assignments?	☐ Yes ☐ No	
Do you or the client provide safety training? (please indicate which)	☐ Yes ☐ No	

Safety Management:

Does your Safety Program include the following?		Details (if yes, details must be provided)
Full-time Safety Director (provide name, title & duties)	☐ Yes ☐ No	
Written Safety Plan	☐ Yes ☐ No	
Safety Committee	☐ Yes ☐ No	
Accident Investigation	☐ Yes ☐ No	
Forklift Certification	☐ Yes ☐ No	
Employer provided safety equipment	☐ Yes ☐ No	
Employee training for lifting, ergonomics, etc. (list types)	☐ Yes ☐ No	
Employee safety meetings including temps	☐ Yes ☐ No	
Loss control/Safety Incentives	☐ Yes ☐ No	
Light Duty or Return to Work Program	☐ Yes ☐ No	

Claims Management:

Does your Claims Management program include:		Details (if yes, details must be provided)
Full time claims manager (provide name & title)?	☐ Yes ☐ No	
Claim fraud investigation?	☐ Yes ☐ No	
Drug Testing after loss?	☐ Yes ☐ No	
Established injury reporting procedures?	☐ Yes ☐ No	
Require all WC claims be reported within 24 hours?	☐ Yes ☐ No	
Process to identify claim frequencies & claim trends by client?	☐ Yes ☐ No	
Does Time Card have disclaimer about injury? (provide copy)	☐ Yes ☐ No	

Notice: This application is for the purposes 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 suppliant herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of any changes and the Company reserves the right to modify or withdraw any offer of insurance.

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 OR 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 to 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.

*** The undersigned attests that all information provided is both accurate and truthful. All information provided is subject to verification by way of an underwriting survey or inspection. You must notify RT Specialty of any significant change in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate. The signor agrees that this application and all supporting materials shall be incorporated into and become part of the policy if a policy is issued. The signing of this application does not bind the applicant to purchase insurance.***

Signature of Applicant: _____

Title: _____

Print Name: _____ Date: _____