



Boston | San Francisco | New York

## Temporary Staffing Questionnaire

1. Complete legal name, including any DBA, AKA or Subsidiary, and FEIN for each:

Name

FEIN

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2. Explanation of relationship between companies (if multiple names):

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3. Mailing Address:

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4. Website Address:

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5. Number of years in business:

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6. Proposed effective/expiration dates:

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7. Individuals Included/Excluded (Partners, Officers, Relatives):

Name	Date of Birth	Title/Relationship	% Ownership	Duties	Inc/Exc.
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8. Prior Carrier Information (4 years):

Policy Period

Carrier

Premium

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9. Contact Information  
Inspection:

Name

Phone

Accounting Record:

Claims Information:

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Please forward to:

**Daryl Dittmer**

**Risk Strategies Company**

160 Federal Street | Second Floor | Boston, MA 02110

ddittmer@risk-strategies.com

P: 617-330-5710 F: 617-439-3752 W: www.risk-strategies.com



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### Additional information required for submission:

- Narrative/Company overview
- Payroll projections for next 12 months by state, class code and description
- Four to five years currently valued loss runs
- Historical payrolls for last four to five years
- Most recent experience modification worksheet
- Explanation of all claims over \$25,000
- Most recent 2 years of **audited** or **reviewed** financials as well as interim year to date
- Safety Program
- List of clients
- Employment Application
- Marketing Materials
- Sample Client agreement
- Employee Concentration

*\*Depending on markets utilized, there may be additional applications required. These applications, if any, will be forwarded to you for completion after our initial review.*

## General Information

Please answer *yes/no* to the following questions:

1. Do you own, operate or lease aircraft/watercraft? \_\_\_\_\_
2. Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g landfills, wastes, fuel tanks, etc) \_\_\_\_\_
3. Any work performed underground or above 15 feet? \_\_\_\_\_
4. Any work performed on barges, vessels, docks, bridge over water? \_\_\_\_\_
5. Is applicant engaged in any other type of business? \_\_\_\_\_
6. Are sub-contractors used? (if yes, give % of work subcontracted) \_\_\_\_\_
7. Any work sublet without certificates of insurance? \_\_\_\_\_
8. Is a written safety program in operation? \_\_\_\_\_
9. Any group transportation provided? \_\_\_\_\_
10. Any employees under 16 or over 60 years in age? \_\_\_\_\_
11. Any seasonal employees? \_\_\_\_\_
12. Is there any volunteer or donated labor? \_\_\_\_\_
13. Any employees with physical handicaps? \_\_\_\_\_
14. Do any employees travel out of state? \_\_\_\_\_
15. Are athletic teams sponsored? \_\_\_\_\_
16. Are physicals required after offers of employment are made? \_\_\_\_\_
17. Any other insurance with this insurer? \_\_\_\_\_
18. Any prior coverage declined/cancelled/non-renewed?  
(last 3 years, not applicable in MO) \_\_\_\_\_
19. Are employee health plans provided? \_\_\_\_\_
20. Is there a labor interchange with any other business/subsidiary? \_\_\_\_\_
21. Do you lease employees to or from other employers? \_\_\_\_\_
22. Do any employees predominantly work at home? \_\_\_\_\_
23. Any tax liens or bankruptcy within the last 5 years? \_\_\_\_\_
24. Any undisputed and unpaid workers compensation due from you or any commonly managed or owned enterprises? If yes, please explain \_\_\_\_\_