

#### **AIA Workers Compensation Program for Temporary Employment Agencies**

Consideration is given to temporary employment agencies when the following documents are included with the Acord 130 (Workers' Compensation Application) and loss runs.

- 1. The AIA Supplemental Application for Temporary Employment Agencies. See enclosure #1.
- 2. A complete listing of clients, client companies physical address, class codes and descriptions of the work. See enclosure #2.
- 3. A copy of the formal, written safety-program.
- 4. Explanation of each worker injury where the total expected loss is greater than \$25,000 shown on the loss runs.

Generally excluded from participation in the Temporary Staffing Program are construction, agricultural, trucking, and higher hazard jobs such as working in sawmills or on scaffolds. AIA will typically not approve work that is outdoors and/or unsupervised. Excluded are clients with a history of serious worker injuries. Dockside and boat or barge work locations are also excluded. Excluded occupations and clients must be placed in a separate company—not insured through AIA.

#### **EXCLUDED**

| Jones Act                 | Demolition or asbestos      | Roofers             |
|---------------------------|-----------------------------|---------------------|
| USL&H                     | removal Urban Taxis         | <b>Cotton Gins</b>  |
| FELA                      | Steel Erection              | Flatbed Trucking    |
| Professional Sports Teams | Framing Contractors         | <b>House Movers</b> |
| Chemical & Dyestuff Plans | NCCI class codes "D" or "E" | Airlines            |

### **AIA Supplemental Application for Temporary Employment Agencies**

| 1.  | Complete Applicant Name:  |
|-----|---|
| 2.  | Staffing Association Member? Yes No If yes, please list association(s):   |
| 3.  | Brief history of this business entity - date begun, ownership changes, key growth milestones, present status, etc |
| 4.  | Background and experience of the owners and key managers.   |
| 5.  | Employment practices: Describe recruiting, background checks, interviews, etc.                                    |
| 6.  | Describe the drug-testing program: Pre-employment, random, for cause, post-accident etc.                          |
| 7.  | Describe the training program for new hires, if any:  |
| 8.  | What procedures are followed to qualify and approve a potential client? Are site inspections utilized?            |
| 9.  | What procedures are followed when a report of injury is first received?   |
| 10. | How are injuries followed up for workers compensation claims? Who tracks the progress of the claim?               |
| 11. | What arrangements have been made for a company doctor, for emergency services?                                    |

### **AIA Supplemental Application for Temporary Employment Agencies**

| Any special accommodations for this client? If so, please exp  |   |
|--|---|
| Number of years doing business with this client:  Percentage of your business with this client:  |   |
| 20. Please provide the following details about your largest clier Complete Name:   |   |
| 19. What is your target market?  |   |
| 18. Are all temporary employees legally eligible for work in this on the How is employment eligibility verified?                                   | country? Yes No   |
| 17. How do you insure that protective equipment is worn at the   | job site?   |
| <ul><li>15. Do you have a formal, written safety program? Yes</li><li>16. Describe your safety program.</li></ul>                                  | No  |
| 14. How does the agency deal with a client when workers are be   | ing injured on their site?                                  |
| <ol> <li>Describe your "return to work" program after temporary disa<br/>jobs, but not his old job, and maybe not for his old employer.</li> </ol> | ability injuries are experienced and the worker can do some |
| 12. How does the agency deal with temporarily disabled workers   | 5?  |

## **AIA Supplemental Application for Temporary Employment Agencies**

| Ро  | licy Year  | Payroll                                    | Premium             | Mod                  | # of Claims          | Paid Losses         | O/S               |
|-----|--|--|---------------------|----------------------|----------------------|---------------------|-------------------|
| 26. | Workers Co   | mpensation Histo                           | ry – Please compl   | ete the following s  | ection along with    | providing           |                   |
| 25. | 25. Describe the policy that you have in place for transportation services provided to temporary workers. Please include types of vehicles – car, van, bus, etc. What is the maximum radius of travel? |  |                     |                      |                      |                     |                   |
| 24. | Describe the cases.  | e policy that you h                        | ave in place for te | mporary employe      | es to drive their ow | n vehicles –pleas   | se describe all   |
| 23. |  | e policy that you h<br>k, etc. Please desc |                     | ow in house staff to | o drive their own v  | ehicles – if to and | d from work       |
| 22. | -  | oranch offices or lo<br>ations to your age | •                   | r temporary emplo    | yment agency have    | e?(Pleas            | se provide a      |
| 21. | Does your to<br>copy of the  |  | ment agency have    | a list of operation  | s that are excluded  | ? If so, please ex  | plain or attach a |
|     |  |  |                     |                      |                      | 10.16               |                   |

| Policy Year | Payroll | Premium | Mod | # of Claims | Paid Losses | O/S<br>Reserve |
|-------------|---------|---------|-----|-------------|-------------|----------------|
|             |         |         |     |             |             |                |
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|             |         |         |     |             |             |                |

# AIA Supplemental Application for Temporary Employment Agencies Client Information Listing

This information is required prior to quoting – if a computer-generated report contains the information below, it will be accepted for our underwriting review.

| Name of    | Principal<br>Product or | Specific Jobs<br>Done by The | Class | Estimated |
|------------|-------------------------|------------------------------|-------|-----------|
| Customer & | Product or              | Done by The                  | Codes | Annual    |
| Location   | Service                 | Temps                        | Used  | Payroll   |
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