

AIA Workers Compensation Program for Temporary Employment Agencies

AIA has an active workers compensation program for temporary employment agencies. The agencies insured with AIA have a history of reducing worker injuries and compensation costs through active involvement in accident prevention coupled with strong claims management, early return to work programs, and loss prevention assistance. Because the risk of injury is greater where the employer is not on site, extra precautions must be taken to protect the worker from the hazards of the workplace. The documents required to establish the AIA program are designed to make sure that these precautions either are in place or can be easily put in place.

AIA has two workers compensation programs for temporary employment agencies. The first is provided only when a deductible is in force for each separate claim for injury. The second program provides first dollar coverage for each injury. Both programs are available only for a certain types of work/occupations.

Excluded from participation are all 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. Additionally, newly formed entities without prior workers compensation coverage will not be considered for our program.

Consideration is given to temporary employment agencies when the following documents are included with the application and loss information:

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. Agreement to use only pre-approved new clients and/or new classes. See enclosures #3 & #4.
5. Agreement to forward if requested:
 - The last signed and dated unemployment tax form-(SUI) including the list of employees;
 - The most recent year's workers compensation premium audit;
 - The declaration page from the most recent workers compensation policy.
6. Agreement to forward quarterly, if requested:
 - the state unemployment tax form and list of employees &
 - an updated client/class list (See enclosure #2)
7. Explanation of each worker injury where the total expected loss is greater than \$5,000 shown on the loss runs.
8. Agreement to report payroll and premium monthly using a format customized for each temp service. Such payroll and premium is to be reported by client company and classification. An example is shown as the last page in this fax.

AIA Supplemental Application for Temporary Employment Agencies

1. Complete Applicant Name
2. ASA Member?
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

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

21. Does your temporary employment agency have a list of operations that are excluded? If so, please explain or attach a copy of the list.

AIA Supplemental Application for Temporary Employment Agencies

22. How many branch offices or locations does your temporary employment agency have? _____
 (Please provide a list of all locations to your agent.)

23. Describe the policy that you have in place to allow in house staff to drive their own vehicles – if to and from work only, to bank, etc. Please describe all cases.

24. Describe the policy that you have in place for temporary employees to drive their own vehicles – please describe all cases.

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?

26. Workers Compensation History – Please complete the following section along with providing complete workers compensation loss runs and explanations of all claims over \$25,000. (Please indicate whether or not figures are before or after deductible.)

Policy Year	Payroll	Premium	Mod	# of Claims	Paid Losses	O/S Reserve

**AIA Temporary Employment Agency Program
Proposed Client/Classification Information**

(This form is required for all Potential Client Companies – this applies although you may have several client companies that fall into the same class code – a new form is required for each client company.)

Date: _____

To: PCCIs, Associated Insurance Administrators
E-Mail: pcci@aiaworkcomp.com
Fax: 334-279-9966

Temp Agency Name: _____

Name of Sender: _____

E-Mail: _____

Agency Phone Num: _____

Agency Fax Num: _____

Proposed Client's Name _____

Client's physical location: _____

Description of Main product or service:

Jobs to be done by the temps:

Proposed Classifications:

AIA response: _____ Class(es): _____

Rate(s): _____

Signed: _____ Date: _____
(AIA)

Enclosure #3

AIA Temporary Employment Agency Program

Memorandum of Agreement

This memorandum of agreement is to provide a clear understanding of the working relationship between AIA and your staffing agency.

1. Employees will not be placed for work at a client's site until AIA and this temporary service agency have agreed in writing on the placement and on the classification of the occupations involved as well as the suitability of the work to be done.
2. Changes to a client's use of temporary employees or the addition of new classifications for a current client will not occur until AIA and this temporary service agency have agreed in writing on the occupations and classifications for the workers involved as well as the suitability of the work to be done. AIA will respond promptly to agency requests.
3. State unemployment tax forms, employee lists, and basic information about clients and their use of temporaries will be forwarded quarterly if requested by AIA.
4. Information kept for insurance audits will include payrolls for each classification for each client.

Owner/Manager _____

Date _____

Agent _____

Date _____

For AIA _____

Date _____

Enclosure #4

SAMPLE MONTHLY REPORTING FORM FOR TEMP SERVICES

(We will provide an individualized monthly report for your temporary employment agency. The report will include the data listed on the sample form below. If your temporary agency utilizes a computer program for monthly reporting, the report must include the information below – at minimum.)

Employer	Job	Class	Payroll	x Rate	Basic Premium
As Inventory Services	Clerical	8810	78.75	0.0031	.25
EBM	Jewelry	8013	19336.68	0.0193	373.20
Hite's Urethane	Clean Up	9014	136.13	0.0435	5.93
Le Carolinas	Clerical	8810	888.00	0.0031	2.76
UASA Exide	Whse/Delive	7380	1775.00	0.606	107.57
Subtotal			\$22,214.56		\$489.71
Multiplier					X 1.9081
TOTAL DUE					\$934.41

Enclosure #5