STATE COMPENSATION INSURANCE FUND®

Supplemental Questionnaire for Staffing Agencies and Professional Employer Organizations

Applicant Information
Application ID/Policy Number:
Legal Name of Staffing Agency or Professional Employer Organization:
Trade Names of Staffing Agency or Professional Employer Organization:

GENERAL INFORMATION – Please provide detailed responses.

1. List all legal names, trade names, and/or DBA's you operate under.

2. List all businesses that any owner/officer have any affiliation, interest, or ownership with, including other staffing agencies or labor contractors.

3. Which insurers are these businesses insured with?

4. Provide a detailed description of business operations for each entity listed above.

5. Are any of the entities listed above part of a franchise? ☐ Yes ☐ No If Yes, please explain.

6. Describe any operations and/or the job of any employees, who work outside of California, including foreign travel?

7. Do any of your workers come from out-of-state? ☐ Yes ☐ No If Yes, please explain.

8. Do you pay any type of allowances, per diem or lodging? ☐ Yes ☐ No If Yes, please describe.

9. Provide a list of any current contractual relationship (or an intent to contract) with another Staffing Agency, Labor Contractor or PEO. Provide a detailed explanation.

10. Provide a list of all entities with which you have agreements, such as a Vendor Manager, Manage Service Provider, Manage Service agreements.

11. Describe any payroll services, HR outsourcing services or HR functions that you provide to your clients.

12. Describe any roll-over or Employer of Record (EOR) services you currently or plan to provide to your clients.

13. Do you provide the majority or all of the labor for a segment of a client's operation? ☐ Yes ☐ No If Yes, please describe.

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14. In addition to staffing services, describe any other types of placements or services you provide to your clients.

15. List the names of all independent contractors (1099s) you have and/or supply to your clients. (Rare) Provide documentation for each independent contractor supporting their independent status for review.

PERSONNEL PRACTICES – Do you require or provide the following for all employees, including the employees provided to clients? If yes, provide details:

1.	Pre-employment physicals	Yes ☐ No ☐	
2.	Pre-placement drug screening	Yes ☐ No ☐	
3.	Periodic drug testing	Yes ☐ No ☐	
4.	Criminal background checks	Yes ☐ No ☐	
5.	Motor vehicle checks on drivers	Yes ☐ No ☐	
6.	Job experience & certification requirements	Yes ☐ No ☐	
7.	Minimum experience requirements	Yes ☐ No ☐	
8.	New-hire orientation program	Yes ☐ No ☐	
9.	Employee handbook	Yes ☐ No ☐	
10.	Performance appraisals	Yes ☐ No ☐	
11.	Wellness program in place	Yes ☐ No ☐	

EMPLOYEE BENEFITS – Please include details in Comments section for all Yes responses.

Do you offer the following benefits to your direct employees?		% of Employer Contribution	% of Employees Enrolled	Comments
1. Medical	Yes ☐ No ☐			
2. Dental	Yes ☐ No ☐			
3. Vision	Yes ☐ No ☐			
4. Retirement	Yes ☐ No ☐			
5. Paid vacation days	Yes ☐ No ☐	Comments		
6. Paid sick days	Yes ☐ No ☐	Comments		
Do you offer the following benefits to the employees you send to clients?		% of Employer Contribution	% of Employees Enrolled	Comments
7. Medical	Yes ☐ No ☐			
8. Dental	Yes ☐ No ☐			
9. Vision	Yes ☐ No ☐			
10. Retirement	Yes ☐ No ☐			
11. Paid vacation days	Yes ☐ No ☐	Comments		
12. Paid sick days	Yes ☐ No ☐	Comments		

CLIENT SCREENING – Please provide details in Comments section for all responses.

	Comments
1. Describe your criteria for new client selection	
2. Describe how job hazard assessments are completed for all new clients or new tasks?	
3. Do you have procedures in place to terminate clients for poor safety practices or loss experience? If so, please describe.	

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4. Who reviews a client's new worker orientation procedure?		
5. Who reviews a client's response procedures for emergency or accidents?		
6. Do you inspect worksite for safety "**prior**" to employee placement as well as ongoing unannounced inspections?	Yes ☐ No ☐	
7. Are description of the job assignment provided to the employees?	Yes ☐ No ☐	
8. Who is responsible to provide safety training?		

SAFETY PRACTICES/PROGRAMS – Please provide details in Comments section for all Yes responses.

		Comments
1. Do you have an IIPP in place?	Yes ☐ No ☐	
2. Do you have a full time safety director? (If yes, provide name and title.)	Yes ☐ No ☐	
3. Who is responsible for accident investigations?		
4. Are your supervisors held accountable for safety at client worksites?	Yes ☐ No ☐	
5. Who is responsible for providing employees with PPE?		
6. Who is responsible for conducting employee safety meetings? How often are meetings held?		
7. Do you have an employee safety incentive program?	Yes ☐ No ☐	
8. Do you offer modified duty/early return to work?	Yes ☐ No ☐	
9. Do you route claims through the carrier Medical Provider Network?	Yes ☐ No ☐	
10. Please list all safety trainings or programs offered to employees.		

Is there any other information about your company, operations, or practices that have been implemented, which may have a positive impact on employee safety?

Additional Comments

State Fund reserves the right to verify the accuracy of information provided to it by insurance applicants. Insurance Code 11880 prohibits the willful misrepresentation of any facts in order to obtain lower insurance rates.

I have read the above and acknowledge that this is an evaluation form, not an application for insurance, and does not bind State Fund to coverage of the above-described risk.

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

____
Applicant's Signature

____
Applicant's Name (please print)

____
Date