



Temporary Staffing Supplemental Information Form

1. Applicant Name _____

2. Applicant provides employees for:

Temporary Staffing

Temp to Hire

Permanent Placement

3. How long has the owner(s) been in the industry? _____

4. Are there other temporary staffing agencies operating at the same client premises?

Yes No If yes, please provide the name: _____

5. Is there common ownership between the applicant and any other company? Yes No

If yes, please complete an [ERM-14](#) documenting the common ownership.

6. List all corporate officers, owners, and/or managers of the applicant.

Officer/Owner/Manager Name

Title

Ownership Percentage

Officer/Owner/Manager Name	Title	Ownership Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. In the last 3 years, have any of the officers, owners or managers had any ownership in or worked for any other temporary staffing agency? Yes No

If yes, please provide the following information

Officer/Owner/Manager Name

Position

Year

Officer/Owner/Manager Name	Position	Year
_____	_____	_____
_____	_____	_____

8. Where are payroll records for applicant maintained? _____

9. Is applicant maintaining payrolls by client and employee classification? Yes No

10. Does the applicant verify the client has a formal safety program? Yes No

11. Do clients sign contracts detailing what tasks will be performed by the employees? Yes No

12. How often are visits made to client locations? _____

13. Does applicant have a return-to-work program? Yes No If yes, please provide.

14. Does applicant have a written safety program? Yes No If yes, please provide.

15. Do you have operations/clients in other states? Yes No If yes, please provide proof of coverage for that state.

16. Please provide the website URL for your staffing company: _____

17. Temporary Staffing: Please submit a temporary staffing information form for each client.

Applicant Signature: _____ Date: _____

Return Supplemental Application to KEMI Underwriting or Caroline Braun (cbraun@kemi.com).