Temporary Staffing Client Information Form

The following information is required by KEMI when a new client is taken on by a temporary staffing agency. Please submit to KEMI within 48 hours of contracting.

1. Temporary Staffing Company Name: ____
2. KEMI Policy Number: ____________________
3. Client's Name: ____
4. Client's Address: ____
5. Client's Physical Location: ____
6. Client's Website URL: ____
7. Client's NCCI Governing Class Code (if applicable): ____________________
8. Detailed description of client's operations: (325 character's max)
9. Detailed description of job duties employees will be performing for client: (325 characters max)
10. Provide a copy of contract or work order between the temporary staffing company and client.
11. Describe any unusual tasks or potential hazards employees might be exposed to: (150 characters)
12. Does this client have operations in other states? ◯ Yes ◯ No
13. Will you be providing labor to other states? ◯ Yes ◯ No

    If yes, please provide proof of coverage for those states.
14. Number of temporary employees being placed at the client's location: ____
15. Proposed classification(s) of employees working for client: ____
16. Payroll per classification(s) of employees working for client: ____

Signature: ____ Date: __________

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