

## **Temporary Staffing Supplemental Information From**

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.	s there common ownership between the applicant and any other company? Yes No  If yes, please complete an <u>ERM-14</u> documenting the common ownership.
6.	ist all corporate officers, owners, and/or mangers of the applicant.
	Officer/Owner/Manager Name Title Ownership Percentage
7.	n 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 f yes, please provide the following information  Officer/Owner/Manager Name Position Year
8.	Where are payroll records for applicant maintained?
9.	s 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.	Oo 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.	Femporary 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).