

NAME: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_ WEBSITE URL: \_\_\_\_\_

### I. Company Overview

- Provide the full legal name and FEIN of all entities and operating companies including street address, website address, # years in business, state incorporated in and states licensed in
- Provide the name and home address of each Owner, Partner, Director, Officer or other key individuals (such as business brokers or consultants)
- Provide an organizational chart showing entities and ownership percentages
- Provide the details on any material acquisitions or divestitures within the last 3 years.
- Provide a copy of company brochures and marketing material
- Provide a sample client agreement(s)

Question	Yes	No
Is the company publicly traded on a recognized stock exchange? If so, please list exchange and symbol.		
Are you licensed, registered, or operating as a PEO or Employee Leasing Company in any state? If yes, please provide details		
Has your company (or affiliated companies) ever been licensed or registered or applied for a PEO license in any state? If yes, provide details		
Are any of your clients PEO's, Employee Leasing Companies or staffing companies? If yes, please provide details		
Do you have arrangements to provide workers compensation insurance for any other staffing companies, PEO's or Employee Leasing Companies?		
Does any entity in your organization carry any customer's employees on their own payroll? (Provide complete details of each arrangement)		
If we write your business, are there any operations that will be insured elsewhere? If yes, please provide the details including the carrier name, policy number, and policy dates.		

### II. Business Profile

Type of Placement	Description	Percentage of business
Temp Help	Employees are assigned to customer location to support or supplement the customer's work force. Reasons for assignment usually are seasonal workloads, employee absences, or temporary skills shortage.	
Temp to Perm	Customers utilize the temporary agency as a screening tool for new hires. If work meets customer expectations, the temp assignment is likely to result in a permanent position.	
Professional Temp	Placements for specific professions, i.e. engineers, accountants, computer programmers, etc.	
Long Term Staffing	Long-term assignments that may range from six months to over twenty-four months.	
Day Labor	Many jobs are short term and involve heavy physical labor. Employees may be paid daily and transported to job sites.	
Permanent Placement		
Other	Please describe	

Number of annual W-2's processed last year:aaaaaaaaaaaaaaaa

Projected W-2's for this year:'aaaaaaaaaaaaaaaa

Number of internal full time Employees: \_\_\_\_\_

Average number of daily placements: \_\_\_\_\_

**III. Profile of your growth:**

	Expiring Policy Yr	1 <sup>st</sup> Prior Policy Yr	2 <sup>nd</sup> Prior Policy Yr	3 <sup>rd</sup> Prior Policy Yr	4 <sup>th</sup> Prior Policy Yr
# Employees					
Audited WC Payroll					

**IV. Profile of the five customers with the highest number of employees you provide:**

	Customer Name	Description of work performed by your employees	Class Code	State	Payroll	# of Employees
1						
2						
3						
4						
5						

**V. Profile of your sales force:**

Total # of salespeople: \_\_\_\_\_

# W-2 salespeople: \_\_\_\_\_

# 1099 salespeople: \_\_\_\_\_

Are any salespeople, brokers or agents from other industries, i.e. insurance agent?

Yes \_\_\_\_ No \_\_\_\_

Please provide a narrative description of the target market in accordance with your sales and marketing plans for the coming year.

Please provide a narrative description of the business controls in place that ensures your sales force drives towards the target market.

**VI. Client Selection Process**

Please provide a narrative description of the selection and screening process you apply to new clients. Please include the number of employees in each position, their job duties, the data you review, the process used to validate classification codes, and the decision process.

Do you track workers compensation claims by client?

Are there procedures in place to remediate or terminate clients with adverse experience? If so, please provide a narrative description.

**VII. Hiring Practices**

Question	Yes	No
Do you perform criminal and/or background checks?		
Do you obtain an MVR on all employees that may operate a vehicle?		
Do you require pre-placement physical examinations?		
Do you require pre-placement drug testing?		

**VIII. Claims**

Question	Yes	No
Do you have written claim reporting procedures? If so, please provide them.		
Do you perform post-accident drug testing?		
Are you actively directing medical care in states that allow employer directed care?		
Do you employ a return to work program for injured employees? If so, please describe.		
Do you have written job descriptions to facilitate returning injured workers to work?		
Do you utilize a managed care network? If so, please describe.		

Completed By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date