



Supplemental Staffing Company Application

Toll Free (800) 409-8958 | Fax (480) 289-6220 | WWW.VENSURE.COM

Legal Name: _____

Has your company been known by another name, either a DBA or an affiliated name? No Yes If yes, please provide:

Have you ever owned or been affiliated with any other Staffing Companies? No Yes If yes, please provide the company's name: _____

Type of Placement: Permanent Temporary Temp to Perm Employee Leasing

Does your company have any accounts where you staff 50% or more of the total workforce? No Yes If yes, please explain: _____

Does your company ever staff 100% of a company's workforce in one workers' compensation class code? No Yes

If yes, please explain: _____

Is there any day labor? No Yes If yes, what %: _____

Please explain: _____

Which industries do you provide employees to? Healthcare Industrial Farm/Agriculture Construction
 Professional Transportation Hospitality & Food Service
 Other: _____

What types of Services do you provide your clients? _____

Have you provided any current or former clients with an Alternate Employer Endorsement upon request? No Yes (If yes, please attach for our reference)

Number of Worksite Locations: _____ List states with worksite employees: _____

Nature of Recruitment (mark all that apply) Newspaper Job Fairs Internet Word of Mouth
 Other: _____

Do you offer any PEO services? No Yes If yes, please explain: _____

Describe measures taken to evaluate the working environment or safety practices of client work sites before employees are placed: _____

Describe measures taken to evaluate the working environment/safety practices should a claim occur: _____

What steps does the insured take if a client's safety performance becomes poor: _____

Do you visit worksites periodically? No Yes If yes, how often? _____

Do you provide training to the employees being placed? No Yes

If Yes, please explain: _____

Any employees operating heavy machinery such as: punch presses, lathers, saws, drill presses, shears, press brakes or any similar equipment? No Yes

Are employees advised that they are not to perform any other duties but what they were hired for? No Yes

If Yes, describe how they are advised: _____

Is group transportation provided? No Yes

If Yes, please explain: _____

Is there any USL&H or Federal Act Exposures? No Yes

If Yes, please explain: _____

Do you have a Safety Program in Place? No Yes (If yes, please provide a copy)

Do you perform Background Checks? No Yes

If you have driving exposure, please complete the following:

What is your MVR program? _____

What is your radius of Operations? _____

Whose vehicles are utilized? _____

Are you providing cleaners/debris removal laborers (Code 5610/5632) to construction companies? No Yes

If yes, please provide a detailed description of operations: _____

Please complete pages 3 and 4 providing the following details for your four largest clients (client name, description of operations, temp employee duties, class codes, and payroll by class code).

To the best of my knowledge all the information I have given about my business is true and correct.

Officer or Owner of Business

Date

ARIZONA
2600 W. Geronimo Place, #100
Chandler, AZ 85224

GEORGIA
2425 Commerce Ave, # 300
Duluth, GA 30096

FLORIDA
348 Miracle Strip Pkwy SW
Fort Walton Beach, FL 32548

HAWAII
820 Mililani Street, # 703
Honolulu, HI 96813



Supplemental Staffing Company Application

Toll Free (800) 409-8958 | Fax (480) 289-6220 | WWW.VENSURE.COM

Please provide the following for your 4 largest clients:

CLIENT ONE

Client Name: _____

Description of operations: _____

Temp employee duties: _____

Class Codes and Payroll Class Codes

State	Class Code	FT Employee Count	PT Employee Count	Gross Payroll

CLIENT TWO

Client Name: _____

Description of operations: _____

Temp employee duties: _____

Class Codes and Payroll Class Codesj

State	Class Code	FT Employee Count	PT Employee Count	Gross Payroll

Please provide the following for your 4 largest clients:

CLIENT THREE

Client Name: _____

Description of operations: _____

Temp employee duties: _____

Class Codes and Payroll Class Codes

State	Class Code	FT Employee Count	PT Employee Count	Gross Payroll

CLIENT FOUR

Client Name: _____

Description of operations: _____

Temp employee duties: _____

Class Codes and Payroll Class Codesj

State	Class Code	FT Employee Count	PT Employee Count	Gross Payroll