Temporary Staffing / Employee Leasing Supplemental Information Form

1. Applicant Name: _____

2. Applicant is a (please check one): ◯ Temporary Staffing Agent ◯ Employee Leasing Company

3. Applicant provides employees for: ◯ Temporary Staffing

◯ Temp to Hire

◯ Permanent Placement

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

5. Are there other temporary staffing agencies/employee leasing companies operating at the same client premises?

◯ Yes ◯ No If yes, please provide the name: _____

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

If yes, please complete am ERM-14 documenting the common ownership.

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

Officer/Owner/Manager Name	Title	Ownership Percentage

8. 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 or employee leasing company? ◯ Yes ◯ No

If yes, please provide the following information

Officer/Owner/Manager Name	Temp Staffing/EE Leasing Company	Position	Year

9. Where are payroll records for applicant maintained? _____

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

11. Does the applicant verify if the client has a formal safety program? ◯ Yes ◯ No

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

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

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

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

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

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

18. Temporary Staffing: Please submit a temporary staffing client/employee leasing information form for each client.

19. Employee Leasing: Please submit a temporary staffing client/employee leasing information form for each client along with an EL-1 and EL-2.

Applicant Signature: _____ Date: _____

Return Supplemental Application to KEMI Underwriting or Brittany English (benglish@kemi.com).