AmTrust FINANCIAL

ONE80 INTERMEDIARIES
Manchester Specialty

Manchester Specialty Medical Staffing Supplemental Application

Applicant Name:	Eff Date:
Applicant Contact:	Date Business Established:
Applicant Website:	ASA Member: ☐ Yes ☐ No

Prior Coverage Information:

	Current Year	Prior Year 1	Prior Year 2	Prior Year 3	Prior Year 4
Premium					
Payroll					
Carrier					

General Applicant Information:

		Details (if yes, details must be provided)
Expected % of growth this year	☐ Yes ☐ No	
Any other commonly owned businesses that are separately insured?	☐ Yes ☐ No	
Any states in which you operate in that are covered elsewhere?	☐ Yes ☐ No	
Do you provide group transportation?	☐ Yes ☐ No	
Any outstanding WC premium or audit issues in the past 3 policy terms?	☐ Yes ☐ No	
Any foreign travel exposure?	☐ Yes ☐ No	

Operations Overview: *(Must equal 100%)*

% Temporary Placements	% Temp to Perm
% Contract Placements – Average length of contract?	% Direct Hire
% Day Labor	% PEO/Employee Leasing
% Payrolling – Explain:	

Locations where services are provided: *(Must equal 100%)*

% Private Home	% Assisted Living Facility
% Hospice	% Doctor's Office
% Physical Rehab Facility	% Nursing Home
% Hospital	% Correctional Facility
% Psychiatric/Behavioral Health Facility	% Alcohol/Substance Abuse Facility
% Clinics	% Laboratories
% School/College	% Other Facility (please specify):

Type of Placements: *(Must equal 100%)*

% Registered Nurse	% Licensed Practical Nurse/Vocational Nurse
% Certified Nurse Aid/Home Health Aid	% Sitters/Companions (non-medical)
% Homemaker (non-medical)	% Nurse Practitioner
% Physician Assistant	% Social Worker/Counselor
% Psychologist	% Respiratory Therapist
% Technicians (Radiology, Phlebotomy, etc)	% Speech/Occupational Therapist
% Physical Rehabilitation Therapist	% Clerical/Administrative
% Medical Director	% Other (please specify):

Client Information:

# of Active Clients:	Average # of New Clients Annually:
# of W2s (last calendar year):	# of 1099's (last calendar year):
# of Full-time Office Staff:	If 1099's, is payroll included for the workers' comp or are they required to carry their own coverage? ☐ Included ☐ Carry Own
Do you offer 24-hour care or do you provide live-in care? 24-hour care? Live-In care?	☐ Yes ☐ No ☐ Yes ☐ No If Yes, % of total services: ☐ Yes ☐ No If Yes, % of total services:
Are there shifts over 10 hours?	☐ Yes ☐ No If yes, explain:

Top 5 Clients:

Client Name	Description of Operations/Work Performed by temps	Class Code	State	Payroll	Client # of EEs	# of Temp EEs

Client Screening:

		Details (if yes, details must be provided)
Are there established Client Selection Criteria?	☐ Yes ☐ No	
Is a Job Hazard Analysis completed on all new clients? (provide sample copy)	☐ Yes ☐ No	
Are there procedures for terminating poor performing clients?	☐ Yes ☐ No	
Do you review client's new worker orientation procedures?	☐ Yes ☐ No	
Do you review client's response procedures for emergency or accidents?	☐ Yes ☐ No	
Do you inspect worksites for safety PRIOR to employee placement?	☐ Yes ☐ No	
Do you or the client provide employees with written job descriptions/assignments?	☐ Yes ☐ No	
Do you or the client provide safety training? (please indicate which)	☐ Yes ☐ No	

Safety Management:

Does your Safety Program include the following?		**Details (if yes, details must be provided)**
Full-time Safety Director (provide name, title & duties)	☐ Yes ☐ No	
Written Safety Plan	☐ Yes ☐ No	
Labor/Management Safety Committee	☐ Yes ☐ No	
Formal Written Accident Investigation	☐ Yes ☐ No	
Proper lifting techniques instructions	☐ Yes ☐ No	
Patient Handling/Transfer Training	☐ Yes ☐ No	
Bloodborne Pathogen/Infection Training & Procedures	☐ Yes ☐ No	
Combative Patient Training & Procedures	☐ Yes ☐ No	
Light Duty or Return to Work Program	☐ Yes ☐ No	

Claims Management:

Does your Claims Management program include:		Details (if yes, details must be provided)
Full time claims manager (provide name & title)?	☐ Yes ☐ No	
Claim fraud investigation?	☐ Yes ☐ No	
Post-accident drug testing?	☐ Yes ☐ No	
Established injury reporting procedures?	☐ Yes ☐ No	
Require all WC claims be reported within 24 hours?	☐ Yes ☐ No	
Process to identify claim frequencies & claim trends by client?	☐ Yes ☐ No	
Does Time Card have disclaimer about injury? (provide copy)	☐ Yes ☐ No	

Employee Screening:

Does your new hire Program Include the following?		Details (if yes, details must be provided)
Formal written job application	☐ Yes ☐ No	
Criminal Background Checks	☐ Yes ☐ No	☐ Federal ☐ State ☐ Both
Reference Checks	☐ Yes ☐ No	
Motor Vehicle checks on drivers	☐ Yes ☐ No	
Job experience & certification requirements	☐ Yes ☐ No	
Pre-employment physicals	☐ Yes ☐ No	
Drug Testing	☐ Yes ☐ No	
Probationary Period	☐ Yes ☐ No	
Minimum experience requirements	☐ Yes ☐ No	
Documentation of pre-existing injuries	☐ Yes ☐ No	
Job descriptions & duties clearly outlined	☐ Yes ☐ No	
Any additional information?	☐ Yes ☐ No	

Employee Benefits:

Does your Employee Benefits Program for the temporary workers Include the following?		Waiting Period for Eligibility	% of EE Participation	Details (if yes, details must be provided)
Health Insurance	☐ Yes ☐ No			
Long-Term Disability	☐ Yes ☐ No			
Short-Term Disability	☐ Yes ☐ No			
Paid Vacation Days	☐ Yes ☐ No			
Paid Holidays	☐ Yes ☐ No			
Paid Sick Days	☐ Yes ☐ No			

Notice: This application is for the purposes of obtaining a quotation and does not bind the applicant or the Company to provide the insurance. The undersigned declares that to the best of his/her knowledge, the statements set forth herein are true. If the information suppliant herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of any changes and the Company reserves the right to modify or withdraw any offer of insurance.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

_____ _____

Signature Applicant
Print Name/Title:

Signature Broker
Print Name/Title: