



An Initiative of the  
American Staffing Association  
and National Safety Council

## Supplemental Questions for Corporate Office

The following questions are designed to provide additional background to the consultant performing your firm's assessment, help determine how your firm's safety program is functioning and what the trend in losses is. These questions are not used to "disqualify" or otherwise exclude a firm's participation in the Safety Standard of Excellence program.

*This form must be completed in its entirety and submitted before any assessments can be conducted.*

### Non-Disclosure and Confidentiality

Your staffing firm's confidentiality will be respected at all times. Any files, contracts, documentation or reports of any nature prepared as part of this agreement are the property of your staffing firm and will be treated as confidential. Unless required by law, they will not be disclosed to any third party, other than NSC consultants, without your firm's prior written approval.

Staffing Firm Name \_\_\_\_\_

### Safety Incidents and OSHA Citations

1. Has your staffing firm been cited and/or fined within the last three years by the Occupational Safety and Health Administration or state equivalent?  
 Yes  No Be ready to discuss relevant documentation to complaint and outcome.
2. Has your staffing firm had any temporary worker injuries resulting in hospitalization, amputation, or loss of an eye in the past 3 years?  
 Yes  No Be ready to discuss relevant documentation to incident and outcome.
3. Has your staffing firm had any fatalities of temporary workers in the past 5 years?  
 Yes  No Be ready to discuss relevant documentation to incident and outcome.

**Insurance Information**

Please provide the following information for each workers' compensation carrier currently providing coverage (attach additional sheets if additional entries are needed):

Current policy type (check one):  Guaranteed cost plan     Retrospective rating plan     Large deductible plan  
 Self-insurance group or association     Captive insurance     Self-insured     Other loss-sensitive plan  
 Current policy number \_\_\_\_\_ Current experience modification rating \_\_\_\_\_

**Workers Compensation Loss Experience by Policy Period**

Valuation date of information entered in table below: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Year	Policy Period (MM/YY to MM/YY)	Insurer	Paid Premium (\$)	Total Claims (#)	Lost Time Claims (#)	Paid (\$)	Outstanding Reserves (\$)	Total Incurred (\$)	Hours Worked
Current (YTD)									
1 <sup>st</sup> Prior Year									
2 <sup>nd</sup> Prior Year									
3 <sup>rd</sup> Prior Year									
4 <sup>th</sup> Prior Year									

**Business Operations**

Number of internal office staff \_\_\_\_\_

Number of W2s (temporary workers) prior year \_\_\_\_\_

States in which temporary workers are placed:

- |   |                                    |   |   |  |
|---|------------------------------------|---|---|--|
| <input type="checkbox"/> Alabama              | <input type="checkbox"/> Hawaii    | <input type="checkbox"/> Massachusetts  | <input type="checkbox"/> New Hampshire  | <input type="checkbox"/> South Dakota  |
| <input type="checkbox"/> Alaska               | <input type="checkbox"/> Idaho     | <input type="checkbox"/> Michigan       | <input type="checkbox"/> New Jersey     | <input type="checkbox"/> Tennessee     |
| <input type="checkbox"/> Arizona              | <input type="checkbox"/> Illinois  | <input type="checkbox"/> Minnesota      | <input type="checkbox"/> New Mexico     | <input type="checkbox"/> Texas         |
| <input type="checkbox"/> Arkansas             | <input type="checkbox"/> Indiana   | <input type="checkbox"/> Mississippi    | <input type="checkbox"/> New York       | <input type="checkbox"/> Utah          |
| <input type="checkbox"/> California           | <input type="checkbox"/> Iowa      | <input type="checkbox"/> Missouri       | <input type="checkbox"/> Ohio           | <input type="checkbox"/> Vermont       |
| <input type="checkbox"/> Colorado             | <input type="checkbox"/> Kansas    | <input type="checkbox"/> Montana        | <input type="checkbox"/> Oklahoma       | <input type="checkbox"/> Virginia      |
| <input type="checkbox"/> Connecticut          | <input type="checkbox"/> Kentucky  | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Oregon         | <input type="checkbox"/> Washington    |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Louisiana | <input type="checkbox"/> North Dakota   | <input type="checkbox"/> Pennsylvania   | <input type="checkbox"/> Wisconsin     |
| <input type="checkbox"/> Delaware             | <input type="checkbox"/> Maine     | <input type="checkbox"/> Nebraska       | <input type="checkbox"/> Rhode Island   | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Florida              | <input type="checkbox"/> Maryland  | <input type="checkbox"/> Nevada         | <input type="checkbox"/> South Carolina | <input type="checkbox"/> Wyoming       |
| <input type="checkbox"/> Georgia              |                                    |   |   |  |

**Scan and email this completed form to:**

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