



Workers' Compensation Risk Certification Application

Complete and return the certification application to Risk Control Services. Retain a copy of the completed application for your files. Return application to

Risk Control Services
5506 Mitchelldale
Houston, TX 77092
800-807-7475
Fax: 713-461-2457

Legal name of staffing firm _____

If staffing firm has a "dba" or is known by a name different than the legal name, please indicate:

Date staffing firm was founded _____

Address _____

City _____ State _____ ZIP code _____

E-mail address _____

Web site _____

Chief executive officer _____

Certification contact person _____

Contact phone number _____

Contact e-mail address _____

If your staffing firm is a branch or franchise of a larger organization, or if it is owned, operated, or managed by, or affiliated with another organization, indicate the name and address of the organization:

Company name _____

Chief executive officer _____

Address _____

City _____ State _____ ZIP code _____

Number of internal office staff _____

Number of temporary and contract employees _____

Total number of clients _____



1. Complete the following information on your staffing firm's services.

Occupations	% of Total Revenues
Clerical	
Light industrial	
Health care	
Professional-technical	
Skilled trades and crafts	
Transportation and fleet safety	
Hospitality and food service	
Other	
Total	100%

(Definitions can be found at the end of this application.)

2. If your firm has indicated that you provide work in "other" skill sets, please provide a description of these other skill sets:

3. Attach a list of office locations that will be included in the certification process. Provide company name, street address, phone number, and contact name.

4. Are you engaged in any active vendor on premise (VOP) service arrangements with clients where your service provides on-site supervision at a client's facility(ies)? Yes No

If yes, at how many of these sites does your firm conduct screening and hiring of employees? ____

5. Do you currently have a workers' compensation risk management program in place? Yes No

If yes, attach a description of your program.

6. Do you employ a written substance abuse policy that includes substance abuse testing on a post-accident basis for all employees? Yes No

If yes, please attach a description of your policy.

7. Do you have a written modified duty program? Yes No

If yes, please attach a description of your program.

8. Do you perform client site evaluations? Yes No

9. Are there any litigation cases currently pending or settled within the past five years against your staffing firm or employees? Yes No



If yes, please attach all relevant documentation to complaint and outcome.

10. Has your staffing firm had any unfair labor practice filings or any other litigation involving the firm or its officers? Yes No

If yes, please attach all relevant documentation to complaint and outcome.

11. Has your staffing firm been cited by the Occupational Safety and Health Administration or state equivalent? Yes No

If yes, please attach all relevant documentation to complaint and outcome.

12. Have any acquisitions been made since company was organized? Yes No

13. Please provide the following business information.

Federal ID # _____

Name under which company first organized _____

Date of organization _____

(continue to next page)



14. Please put a check beside each state with the following criteria.

States with work-site employees

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

States with current sales and marketing activity

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

Other states targeted for future growth

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



Insurance Information

15. Current carrier, contact name, address, and phone number:

Commercial general liability	_____

Professional liability	_____

Workers' compensation	_____

16. Prior Coverage:

Insurance Company	Policy Period <i>(mm/yy to mm/yy)</i>	Premium
_____	to	_____
_____	to	_____
_____	to	_____
_____	to	_____

17. Workers' Compensation Loss Experience by Policy Period

	Total Claims (#)	Lost Time Claims (#)	Paid (\$)	Outstanding Reserves (\$)	Total Incurred (\$)
<i>Current</i>	_____	_____	_____	_____	_____
<i>1st Prior</i>	_____	_____	_____	_____	_____
<i>2nd Prior</i>	_____	_____	_____	_____	_____
<i>3rd Prior</i>	_____	_____	_____	_____	_____
<i>4th Prior</i>	_____	_____	_____	_____	_____



- 18. What is your current experience modification rating? _____
- 19. Does your staffing firm have more than one workers' compensation insurance policy or plan?
Yes No
- 20. Please provide the following information for each workers' compensation carrier currently providing coverage (attach additional sheets if additional entries are needed):

Insurer Name _____

- Policy or plan 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

Policy or plan number _____

Policy or plan period _____

Broker or insurance company primary contact information:

Name _____

Phone _____

E-mail _____

I have read the above qualifications, standards, and requirements. By signing below, I hereby affirm, on behalf of my company, that my company agrees to abide by the ASA Code of Ethics and Good Practices and that it meets the aforementioned qualifications and shall abide by and comply with all qualifications, standards, and requirements of the certification program. I understand that this application does not constitute certification.

I further certify that my company is in compliance with the applicable laws in all jurisdictions in which it has operations that pertain to the maintenance of workers' compensation coverage, and acknowledge that any certification awarded under the program may be revoked if the staffing firm is determined to have engaged in unlawful conduct relating to its workers' compensation practices.

By: _____
(Signature) (Date)

(Type or print name)

(Type or print title)

(Type or print name of company)



Payment Information

Please select one:

- Initial application (\$995 ASA member/\$1,750 nonmember)
- Renewal application (\$795 ASA member/\$1,090 nonmember)
- Special application (\$195 ASA member/\$390 nonmember)
- Enclosed is my check # _____ for the amount of \$ _____
- Please bill my American Express MasterCard Visa for the amount of \$ _____

Card number _____ Exp. date _____

Name on card _____

Signature _____

Billing Address _____

Phone _____

Definitions

Insurance

Experience Modification—Every employer is assigned a rating by the NCCI (National Council on Compensation Insurance—*ncci.com*) or in some states, state-specific workers compensation rating authority. Experience modifiers are promulgated by comparing actual loss experience to expected loss experience. These calculations are used by insurers to adjust premiums. In most jurisdictions, an employer is issued an experience modifier after four years in business, which renew annually.

Occupations

Clerical—Secretaries, general office clerks, receptionists, administrative assistants, word-processing and data entry operators, cashiers, etc.

Light industrial—Manual laborers, cleaners, assemblers, machine operators, maintenance workers, etc.

Health care—Physicians, dentists, nurses, hygienists, medical technicians, therapists, home health aides, custodial care workers, etc. Health care staffing often falls into one of the following categories: travel nurse staffing, per-diem nurse staffing, allied services, and locum tenens.

Professional–technical—Accountants, bookkeepers, attorneys, paralegals, middle and senior managers, advertising and marketing executives, and other nontechnical occupations that require higher skill or education levels; engineers, scientists, laboratory technicians, architects, draftsmen, technical writers and illustrators, and other individuals with special skills or training in technical fields involving math or science; consultants, analysts, programmers, designers, installers, and other occupations involving computer sciences (hardware or software) or communications technology (Internet, telephony, etc.)

Skilled trades and crafts—Carpenters, plumbers, electricians, MIG and TIG welders, and skilled labor working primarily in construction related environments. Most skilled trades require a license or accreditation specific to that trade. Individuals qualifying as tradesmen normally merit higher wages than other construction or industrial positions.

The following NCCI classification codes are samples of skilled trades work:

- 5183 Plumbing not otherwise classified and drivers
- 5190 Electrical wiring within building and drivers
- 3365 Welding or cutting not otherwise classified and drivers
- 5403 Carpentry— not otherwise classified
- 5651 Carpentry—dwellings three stories or less
- 5645 Carpentry—detached one- or two-family dwellings

Transportation and fleet safety—Truck drivers, parcel delivery, bus company drivers, taxi or limousine service drivers or other livery or other duties requiring the operation of a motor vehicle on public roads and highways. Depending on the specific duties of these positions, a Commercial Drivers License (CDL) and compliance with Department of Transportation (DOT) regulations may be required. Transportation of temporary or contract workers to their assignment, by a staffing firm, is also contemplated as duties related to this discipline.

The following NCCI classification codes are samples of transportation and fleet safety work:



ASA | RCS

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- 7380 Drivers, chauffeurs, and their helpers not otherwise classified as commercial
- 7370 Taxicab company and drivers—including all employees other than garage employees
- 7228 Trucking—local hauling only, including all employees and drivers
- 7229 Trucking—long distance hauling only, including all employees and drivers
- 7231 Trucking—mail, parcel or package delivery, including all employees and drivers
- 7382 Bus companies and drivers—including all employees other than garage employees

Hospitality and food service—Chefs, short order cooks, wait staff, table bussing, cafeteria workers, caterers, bartenders, servers and other employees working for restaurants, caterers or hotels including cleaners, assemblers, machine operators, maintenance workers, etc.