

AMS STAFF LEASING CLIENT APPLICATION AND WORKSHEET

Marketing Group and #/ Contact Name 360 Business Solutions, Inc.
Address 434 Roosevelt Terrace Road City: Saint Augustine State FL Zip Code 32084
Telephone: 904-826-3512 Fax: 904-826- 3238 Email _____

I. APPLICANT INFORMATION SECTION

Proposed Contract Date _____ AMS Customer Number _____
FEIN # _____ License # _____
Client Name (Name all entities): _____
Client Address _____
City _____ State _____ Zipcode _____
Phone # _____ Fax # _____
Primary Contact Name _____ Phone # or Email _____
Secondary Contact Name _____ Phone # or Email _____
Year Business Started _____ Effective Date _____
NCCI Experience Modifier _____ Modifier Effective Date _____

II. LOCATION AND OTHER INFORMATION

Pay Frequency Weekly Bi-weekly Semi-monthly **Ship Day** M T W Th F
Pay Period Ending Day Su M T W Th F S **Check Day** M T W Th F
Shipping Method Hand Deliver Fed Ex COD (S) Reg Fed Ex ACH
Bill for Shipping Y N **Bill Minimum Fee** Y N **Multiple Shipping Locations** Y N
Shipping Cost _____
Shipping Address # 1 Shipping Address #2
Address _____
City _____
State _____
Zip Code _____

Will client utilize direct deposit? Y N (MUST PAY BY ACH WITHDRAWAL)
Will client print checks at their own location? Y N (MUST PAY BY ACH WITHDRAWAL AND PRINT CHECKS ON OWN PAYROLL ACCOUNT)
User Name (first name, last initial) _____
User Password _____
Will Client need to: Input Payroll Y N Print Checks Y N Print Invoices Y N

III. ADDITIONAL PREMISES INFORMATION

Loc #	Bldg #	Street	County	State	Zip Code
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VII. GENERAL INFORMATION (Check box which applies.)

Y N N/A

1. Is the applicant a subsidiary of another entity or have any subsidiaries?
2. Is the applicant engaged in any other type of business?
3. Does the applicant get involved in any of the following operations:
 - Dam Construction, including cofferdams and caisson building
 - Levee or breakwater construction
 - Subway or Tunnel Construction
 - Railroad construction
 - Blasting
 - Environmental/pollution work
 - Asbestos abatement work
 - Trucking-interstate or transporting or disposing of hazardous waste
 - Chemical, petrochemical process, oil/gas well and nuclear work
 - Occupational disease exposure
 - Offshore drilling
 - Underground or coal mining of any type
 - Wrecking or demolition of structures, vessels or building exceeding two stories in height
 - Rocket or missile testing or launching
 - Sawmills or logging
 - Window cleaning in excess of two stories
 - Bridge construction or painting
 - Steel erection in excess of two stories
 - Scaffolding-leasing, erection, or repair
 - Sand or gravel digging
 - Pesticide operations involving fumigation or tenting
 - Crane operators
 - Repossessing services
4. Does the applicant own, operate, or lease aircraft/watercraft?
If so, is it used in day to day business operations?
5. Is there exposure to flammables, explosives, or chemicals?
If so, what type of protection and preventative measures are used?
6. Are there past, present, or discontinued operations that involve storing, treating, discharging, applying, disposing, or transporting of hazardous material?
If so, which ones? And what type of hazardous materials?
7. Is work performed underground or above 15 feet?
If so, how deep is the confined space? If so, How high and is tie off equipment used?
8. Is work performed on Barges, vessels, docks, or bridges over water?
If so, how often? What safety measures are in place?

Y N N/A

9. Is group transportation provided?
If so, what type of vehicle? How many employees use the transportation?
10. Are any employees under 18 or over 60 years of age?
What are their job functions?
11. Are there part time or seasonal employees?
How many?
12. Is there volunteer or donated labor?
13. Do employees travel out of state?
How far? How long?
14. Is there current or past involvement with OCIP?
What percent of annual revenues?
15. Are employee health plans provided?
16. Does the risk hire subcontractors?
What percent?
17. Does the risk obtain Certificates of Insurance from all subcontractors?
Please provide a copy of a certificate?
18. Does the risk require all subcontractors to carry primary limits equal to or greater than their own?
19. Is the risk named as additional insured on all subcontractor's policies?
20. Does the risk use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk?
21. Does the insured verify that all subcontractors follow all industry requirements and applicable state and local codes?
22. Does the insured use hot tar in their business?

I declare that to the best of my knowledge the information provided in this application is true and acknowledge that the information in this Client Application will be supplied to the insurance company providing workers' compensation insurance coverage to AMS Staff Leasing. I understand that any person who knowingly and with intent to defraud any insurance company or another 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 insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties.

Completed by _____

Date completed _____