



# Staffing Industry Addendum

## TYPE OF STAFFING SERVICES PROVIDED *(Percents should equal 100%)*

<input type="checkbox"/> Clerical : % of your business:	%	<input type="checkbox"/> Professional : % of your business:	%	<input type="checkbox"/> Healthcare : % of your business:	%
<input type="checkbox"/> Light Industrial : % of your business:	%	<input type="checkbox"/> IT : % of your business:	%	<input type="checkbox"/> Other : % of your business:	%

## EMPLOYEE INFORMATION *(Percents for each line should equal 100%)*

Workforce is:	<input type="checkbox"/> Permanent / Direct Hire:	%	<input type="checkbox"/> Temporary:	%		
Pay structure:	<input type="checkbox"/> Payroll:	%	<input type="checkbox"/> Contract Work:	%		
Are temporary personnel:	<input type="checkbox"/> Employees:	%	<input type="checkbox"/> 1099 Employees:	%	<input type="checkbox"/> Corporate Subcontractors:	%
When do you bill permanent placement sales?	<input type="checkbox"/> At placement		<input type="checkbox"/> At sale			

## VENDOR MANAGER

Does the company work through vendor managers?  Yes  No      Are you a vendor manager?  Yes  No *If yes to either question, please identify:*

Vendor manager: \_\_\_\_\_      Corresponding end user: \_\_\_\_\_

## COMPANY INFORMATION

Do you have any Milestone Billings?  Yes  No      Do you have any Progress Billings?  Yes  No

*If yes to either question, please describe:*

\_\_\_\_\_

Do you have any Contracts with your customers?  Yes  No

When does your Billing Week end?: \_\_\_\_\_      When do you pay Payroll for the Billing Week?: \_\_\_\_\_

How is Payroll processed?  In-house  Third-party Service Provider  PEO  Other *(please describe):*

Name of Third-party Service Provider or PEO: \_\_\_\_\_

Do you have any past due Payroll Taxes:  Yes  No *If yes, please describe:*

\_\_\_\_\_

Are you a:  Franchisee or  Franchiser *Please describe:*

\_\_\_\_\_

Are any of the principals subject to a Non-compete with any other Entity?

\_\_\_\_\_

Describe Workers Compensation:  High deductible  Guaranteed Costs  Retro  Captive  Other

Insurance Carrier: \_\_\_\_\_

What Front and Back Office systems do you use:

\_\_\_\_\_