



PROPOSED CLIENT / CLASSIFICATION FORM

MADISON INSURANCE GROUP | TEMP STAFFING

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ONE FORM PER PLACEMENT CLIENT - even when multiple clients use the same class code.

1 Staffing Agency Information

TEMP AGENCY NAME

DATE

NAME OF SENDER

EMAIL ADDRESS

PHONE NUMBER

FAX (IF APPLICABLE)

2 Placement Client Information

PLACEMENT CLIENT'S NAME

CLIENT'S PHYSICAL LOCATION (ADDRESS / CITY / STATE)

3 Operations and Exposures

CLIENT COMPANY'S MAIN PRODUCT OR SERVICE - DESCRIBE IN DETAIL

DETAILED DUTIES PERFORMED BY TEMP EMPLOYEES

AVG. HOURLY WAGE

UNUSUAL TASKS, AIRBORNE EXPOSURES OR OTHER POTENTIAL HAZARDS

4 Proposed Classifications and Payroll

Find an appropriate WC class code using the actual job duties and work state:

[OPEN CLASSMATCH >](#)

STATE	CLASS CODE	DESCRIPTION OF WORK / POSITION	AVG. WAGE	ANNUAL PAYROLL

OWNER / MANAGER (NAME OR SIGNATURE)

DATE