STATE COMPENSATION INSURANCE FUND

TEMPORARY STAFFING CLIENT NOTIFICATION LETTER (CNL)

This (CNL) is to inform State Fund that the policyholder named below will begin providing their temporary workers to the following client. I understand that as a part of the policy contract, I am required to inform State Fund of new clients, new client locations, and new client classifications prior to sending our workers to job assignments. Failure to provide timely notification may result in the cancellation of this policy.

*All Blocks indicated by an asterisk are required. Please see the CNL instructions if further guidance is needed. Failure to fill out all required blocks will result in a rejection of this letter. Email completed form to **SRUsubmissions@scif.com**.

1. Policy Number*:   **2.** Policy Name*:   **3**. For bidding purposes?*: ☐ YES ☐ NO

4. Client's Company Name*:

5. Client's Address*:

6. Client Contact*:   **7.** Title: **8.** Phone*:

9. Work that will be performed by employee(s)*: Please note that job titles are not acceptable. You may attach a duty statement or work order.

10. Worksite Location*:

Insurance Code Article 6, Sec. 11880 prohibits the willful misrepresentation of any fact in order to obtain lower insurance rates. State Fund reserves the right to verify the accuracy of information provided to it by insurance applicants and policyholders.

11. Signature*   **12.** Phone Number*   **13.** Date*

14. Printed Name*

Final determination of class code and rate will be completed by a State Compensation Insurance Fund Underwriter. Acknowledgment of class code and rate will be sent back to the policyholder. If this form is submitted for bidding purposes only, classifications ARE NOT endorsed to the policy. Resubmission is required if workers begin to work for this client.

FOR STATE FUND USE ONLY

Class Code: Class Description: Base Rate:

Class Code: Class Description: Base Rate:

Class Code: Class Description: Base Rate:

WCIRB Online	☐ YES	☐ NO	For CONS classes, auditor to verify hourly wage
Website	☐ YES	☐ NO	Underwriter Comments:
SCIF Policy	☐ YES	☐ NO	
CSLB	☐ YES	☐ NO	
EXEMPT	☐ YES	☐ NO	

Date Stamp

10383 (Rev. 08/20)