



## Understanding the Temporary Staffing Client Notification Letter (CNL) (Policy Endorsement 2035)

This sheet will help you better understand how to complete the Temporary Staffing Client Notification Letter form. A new CNL is required for each new client, new client location(s), or new client classification(s). You must have State Fund approval prior to sending employees to any client. If you have additional questions, please contact Specialty Operations Underwriting at [SRUsubmissions@scif.com](mailto:SRUsubmissions@scif.com).

1. Policy Number ..... Indicate your State Fund policy number
2. Policy Name ..... Indicate the legal name on your State Fund policy
3. For BIDDING PURPOSES ONLY: YES or NO BOXES - "Yes" indicates you are bidding a job. The assigned class code(s) WILL NOT BE ENDORSED to your policy. The class code & rates should be used for bidding with your prospective client. If you bid a client and do not obtain the bid award for that client, no further action is required. IF YOU WERE AWARDED THE CLIENT BID and submitted a BID ONLY letter, you MUST take additional action. Resend your letter to [SRUsubmissions@scif.com](mailto:SRUsubmissions@scif.com) and advise your STATE FUND representative of your bid award. The "NO" box next to FOR BIDDING PURPOSES will be checked when you resubmit. Your policy file will be noted and the appropriate class codes will be endorsed to your policy. "NO" indicates you WILL send employees to this client. "YES" indicates you are not sending employees to this client.
4. Client's Company Name      Name of the client to whom you are sending temporary employees
5. Client's address ..... Provide the client's business address
6. Client Contact ..... Provide the name of the contact person at your client's location
7. Title ..... Provide the title of the client's contact person
8. Phone ..... Provide the phone number of the client's contact person
9. Work that will be performed by employee(s)....List all of the duties your employees will perform at the client's work location(s). These duties must be specific and should include materials, tools, and machinery used. Please note that we will not accept letters with job titles such as "clerical, receptionist, logistics, warehouse, sales, real estate agent, driver and so on." If CNL's are received with job titles or single word duties, they WILL be sent back for completion.
10. Worksite location ..... List each client location where your employees will work. For construction, we WILL require notification of each jobsite the employees are assigned to perform work (you can attach a separate sheet or spreadsheet if needed). Please note that there are some industries such as the medical industry where we will need a new CNL when the assignment location has changed.
11. Signature ..... Principal or an authorized representative of State Fund insured temporary help agency
12. Phone Number ..... Number of the State Fund insured temporary help agency submitting the letter
13. Date ..... Date of your request to State Fund
14. Printed Name ..... Printed name of the signatory

The CNL will be sent back to you with the approved classification/s and base rate/s that apply to each class code. To calculate your interim billing rate, see the calculation and examples below:

Base Rate x your Interim Billing Factor = Interim Billing Rate  
**Example** – Base Rate (\$0.36) x Interim Billing Factor (1.11672) = \$0.40  
**Example** – Base Rate (\$11.29) x Interim Billing Factor (1.13053) = \$12.76

Your interim billing factor can be found in your policy documents on the 2<sup>nd</sup> to last page of Annual Rating Endorsement/Declarations or on the last page of your quote.

**\*\*Final billing rates are based on actual payroll reported and subject to audit\*\***