

STAFFING INDUSTRY INSURANCE APPLICATION

Submission Requirements:

- Completed, Signed and Dated Application
- Copy of PEO/ASO/VMS Payrolling/Client Services Agreement
- Copy of Employee Handbook or Employee Manual
- 941's – Last Four (4) Quarters
- Loss Runs – Currently valued from prior carrier three (3) years
- Resumes of Principals and/or Managers – New In Business
- ASA Membership Verification (if applicable)

PROPOSED EFFECTIVE DATE:

I. APPLICANT INFORMATION

Applicant Name:

Additional Subsidiaries to be Included for Coverage. Please use separate sheet for listing subsidiaries.

Physical Address of Insured's Primary Location:

Mailing Address:

Owner/Contract Name and Title:

Phone No:

Fax No.

E-Mail Address:

Website:

Number of years in business:

Federal Employer ID Number:

Applicant is: Sole Proprietor Partnership LLC Corporation Joint Venture Other:

Is the Applicant involved in any business other than staffing? Yes No

GENERAL INFORMATION	Do You Provide	Projections (next 12 months)	Prior Year Actual
Corporate Employee Payroll (In House)		\$	\$
Number of Corporate Employees (In House)			
Contract/Temporary Employee Payroll	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Number of Contract/Temporary Employees			
Worksite Employees Payroll (PEO/ASO)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Number of Worksite Employees (PEO/ASO)			
Number of Independent Contractors			
Independent Contractor Payroll		\$	\$
VMS Client Payroll	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Direct Hire Percentage (%) of Total Revenue	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
Number of in house Direct Hire Recruiters			

IF YOU HAVE CONTRACT/TEMPORARY EMPLOYEE PAYROLL AND/OR VMS CLIENT PAYROLL,

PLEASE COMPLETE THIS TABLE

Provide percentage of payroll projections for the next 12 months in the appropriate sections below. Total must equal 100%

Type	Percentage	Type	Percentage	Type	Percentage
Administrative/White Collar	%	Drivers	%	Heavy Industry	%
		Construction	%		
Architects & Engineers (without sign-off authority)	%	Financial (Do not include payroll for Accounting, Clerks, Bookkeepers, Billing Clerks)	%	IT/Programmers (Do not include payroll for Data Entry)	%
Attorneys	%	Healthcare (Doctors and Dentists excluded)	%	Light Industrial & Factory	%

II. CORPORATE OVERVIEW SECTION

1. Do your employees/company hold any staffing certifications? Yes No If Yes, please list:

2. Do you have a(an): HR Manager – name: _____ Risk Manager – name: _____ None

3. Are there procedures in place for background checks/screening prospective employees that include:

a. Personal interview by a member of your staff? Yes No If No, please explain the current procedures.

b. Do the background checks include criminal acts, including any sexual related crimes, or child abuse Yes No

4. Do your employment applications:

a. Require that the applicant provide at least one reference? Yes No

b. Are applicant reference(s) checked and documentation maintained? Yes No

c. Are signed and dated applications required of all prospective applicants? Yes No

5. Is there a written Employee Manual/Employee Handbook? Yes No

a. Do you distribute and record receipt of manual to all employees? Yes No

b. How often is the Employee Manual updated?

c. Does the Employee Manual include written procedures addressing: (check all that are applicable)

<input type="checkbox"/> ADA Accommodation	<input type="checkbox"/> Hiring and Firing of Employees
<input type="checkbox"/> Employee Complaints	<input type="checkbox"/> Prohibition of Discrimination
<input type="checkbox"/> Employment at Will	<input type="checkbox"/> Prohibition of Sexual Harassment
<input type="checkbox"/> Equal Opportunity	

6. a. Is documentation maintained on awareness training of staff regarding employee complaints, sexual harassment and/or abuse and molestation policies? Yes No

b. How frequently is awareness training conducted?

III. LIABILITY COVERAGES

A. Professional Liability/Errors & Omissions Coverage		Quote: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	Limits of Liability: Each Claim/Aggregate <input type="checkbox"/> \$1,000,000/\$2,000,000 <input type="checkbox"/> Other: /		Deductible Each Occurrence \$
If Claims Made Selected: This will be a Claims made Policy. Please read your Policy Provisions.			
Proposed Retroactive Date:		Entry Date Into Uninterrupted Claims Made Coverage*:	
Was Tail Coverage purchased under any previous policy? If Yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No
* The retroactive date shown on the Applicant's first claims made policy. If this is the first claims made policy, the date will be the same as the Proposed Retroactive Date. If this is a Renewal, it is the effective date of the first policy issued in the sequence of uninterrupted Claims Made policies.			

B. General Liability Coverage		Quote: <input type="checkbox"/> Yes <input type="checkbox"/> No	
General Liability (Products/Completed Operations and Personal & Advertising Injury included)	Coverage:	Limits:	
	Each Occurrence/Aggregate Limit	<input type="checkbox"/> \$1,000,000/\$2,000,000 <input type="checkbox"/> Other: /	
	Damage to Premises Rented To You	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other	
	Medical Expense	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	
DEDUCTIBLES: Bodily Injury/Property Damage combined: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other: Separate Bodily Injury and Property Damage Deductible available upon request			

C. Stop Gap Coverage (General Liability required)		Quote: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Coverage		Limits	
Bodily Injury by Accident – Each Accident:		<input type="checkbox"/> \$1,000,000/\$1,000,000/\$1,000,000	
Bodily Injury by Disease – Policy Limit:		<input type="checkbox"/> Other: / /	
Bodily Injury by Disease – Each Employee:			
Total payroll in each monopolistic workers' compensation state:			
North Dakota \$	Ohio \$	Washington \$	Wyoming \$

D. Employee Benefits Liability (EBL) Coverage (General Liability required)		Quote: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Each Wrongful Act/Aggregate		Deductible	
<input type="checkbox"/> \$1,000,000/\$2,000,000 <input type="checkbox"/> Other: /		<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other:	
Total number of eligible Corporate Employees (In-House):			
Total number of eligible Contract/Temporary Employees:			
Please note that Self-Funded Employee Benefits Plans are not eligible.			

III. LIABILITY COVERAGES (CONT'D)

E. Abusive Acts Coverage (General Liability required)		Quote: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide Child Day Care Services on your premise(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you place contract employees at:	<input type="checkbox"/> Child Day Care Centers <input type="checkbox"/> Schools <input type="checkbox"/> Other Facilities where children are present	
What is the minimum age requirement for employment?		
Limits of Liability Each Claim/Aggregate		
<input type="checkbox"/> \$1,000,000/\$2,000,000 <input type="checkbox"/> Other: /		Deductible Each Occurrence: \$
F. Employment Practices Liability Insurance (EPLI)		Quote: <input type="checkbox"/> Yes <input type="checkbox"/> No
(This coverage not available monoline.)		
Limits of Liability Each Claim/Aggregate		
<input type="checkbox"/> \$1,000,000/\$2,000,000 <input type="checkbox"/> Other: /		Deductible Each Occurrence: \$

IV. HIRED AND NON-OWNED AUTO (HNOA) LIABILITY

HNOA Coverage (General Liability required)	Quote: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please continue to Section V
Do you obtain MVR's on all employees who drive for clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you update MVR's every year for all drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide driver training or evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you place drivers to haul hazardous materials or goods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you place any long haul drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you make driver placements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require your placements to be added to client auto policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hired/Borrowed and Non-Owned Auto Liability* *Residents of Illinois, Louisiana and Wisconsin must complete and sign the required Uninsured/Underinsured Motorist Selection/Rejection form attached	<input type="checkbox"/> \$1,000,000 CSL

V. CRIME SECTION

Crime Coverage	Quote: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please continue to Section VI	
Insuring Agreement	Limit of Insurance Per Occurrence	Deductible Per Occurrence
1. Employee Theft	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$

V. CRIME SECTION (CONT'D)

2. Forgery or Alteration	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$
3. Inside The Premises – Theft Of Money and Securities	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$
4. Inside The Premises – Robbery Or Safe Burglary Of Other Property	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$
5. Outside the Premises	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$
6. Computer And Funds Transfer Fraud	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$
7. Money Orders And Counterfeit Money	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

A. How often are audits conducted?	
B. Who conducts the audits?	
C. Who reconciles bank accounts?	
D. Can this individual(s) deposit or withdraw?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Are reconciliations verified by a different source?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Does supporting record accompany all checks to be signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Is record voided upon check issuance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Are payroll checks issued in accordance with time sheets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Is record voided upon check issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify controls used to avoid duplication	
J. List the names of all your employee welfare or pension plans to be included:	
K. Number of Non-employee Trustees:	

VI. POLICY INFORMATION

Policy Information (Entire table must be completed. If "none", please write none.)

Coverage	Insurance Carrier	Limits of Liability	Deductible	Expiration Date	Retro Date	Annual Premium
Professional Liability/E&O						
General Liability						
Stop Gap						
EBL						
Abusive Acts						
EPLI						
Hired/Non-Owned Auto						
Crime						

VII. LOSS HISTORY: All questions in this section must be answered.

Has insurance ever been declined or cancelled?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Prof, Liability E&O | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Abusive Acts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> EPLI | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Stop Gap | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Hired/Non-owned Auto | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> EBL | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Crime | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, please provide an explanation on a separate sheet of paper.

Do any of the directors, officers, employees or partners of the Applicant have knowledge or information of any occurrence or circumstance which can reasonably be expected to give rise to a claim? Yes No

If Yes, please provide an explanation on a separate sheet of paper.

Has the Applicant or any director, officer, employee, or partner of the Applicant ever been the subject of disciplinary action as a result of professional activities? Yes No

If Yes, please provide an explanation on a separate sheet of paper.

- | | | |
|---|--|---|
| During the past 5 years has any claim been made against the Applicant or any director, officer, employee or partner of the Applicant for: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Professional Liability Errors & Omissions |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | General Liability |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | Stop Gap |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | Employee Benefits Liability |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | Abusive Acts |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | EPLI |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hired and Non-Owned Auto |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | Crime |

Please attach a list and status of all claims made for any of the above questions which you answered Yes, indicate the date, allegation, loss amount, defense cost and dispositions of each.

STATEMENT FROM APPLICANT

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications.

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

If the applicant has concealed or misrepresented any material fact, circumstance or fraud concerning this insurance resulting in deception to us which existed at the time of damage and contributed to such damage, this policy will be rendered void as long as the deception was material; was made knowingly with the intent to deceive; was related and acted upon by the Insurer; and deceived the Insurer to the Insurer's injury.

Receipt and review of this application does not bind the Insurer to provide this insurance.

It is agreed by the applicant and the Insurer that the particulars and statements made in this application, together with all attachments to this application and any other materials submitted to the Insurer shall be the representations of the applicant and the prospective insureds. It is further agreed by the applicant and the prospective insureds that this policy, if issued, is issued in reliance upon the truth of such representations. After inquiry of all prospective insured that this policy, the undersigned Applicant represents that the statements set forth in this application and its attachments and other materials submitted to us are true and correct.

Signing of this application does not bind the applicant or the Insurer.

The undersigned further declares that any event taking place between the date this application was signed and the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to us and we may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Notice to Nebraska Applicant: No misrepresentations or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or negotiation or application of this policy or contract unless such misrepresentation or warranty was material, was made knowingly with the intent to deceive, was relied and acted upon by the company and deceived the company to its injury. The breach of warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss.

FRAUD NOTICE TO APPLICANTS: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.

FRAUD NOTICES – FOR APPLICANTS OF THE FOLLOWING STATES

Notice to **Alabama, Arkansas, District of Columbia, Louisiana, New Mexico, Rhode Island** and **West Virginia** Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to **Colorado** Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to **Florida** Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to **Kansas** Applicants: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Notice to Kentucky, Ohio and Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application of 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 such person to criminal and civil penalties.

Notice to Maine Applicants: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to **New Jersey** Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to **New York** Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application of 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 such person to criminal and civil penalties not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Oklahoma Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.

Notice to Oregon Applicants: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Notice to Tennessee, Virginia and Washington Applicants: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

Agent

Agent License # _____

Required in the state of Florida

Name of Soliciting Agent: _____ Date: _____