



STAFFING SERVICES
PROFESSIONAL & GENERAL LIABILITY APPLICATION

THIS IS NOT A BINDER
ALL OPERATIONS MUST BE DECLARED - ALL QUESTIONS MUST BE ANSWERED

Effective Date Requested _____ Date Quotation Desired: _____

\$100,000/300,000 policy aggregate
\$200,000/600,000 policy aggregate
\$500,000/500,000 policy aggregate
\$1,000,000/1,000,000 policy aggregate
\$1,000,000/2,000,000 policy aggregate
\$1,000,000/3,000,000 policy aggregate

Deductible: _____ 1,000 _____ 1,500 _____ 2,500 _____ 5,000 _____ 10,000 _____ 25,000 _____ 50,000

- 1. Applicant Name (include all dba's) _____
2. Main Office (attach a separate sheet listing all branches) _____
3. Contact Person _____
4. Telephone _____
5. a. Date current management began operating the applicant firm _____
b. Date the applicant firm first began operations (if different than above) _____
6. Website (if any) and Email Address of contact person: _____
7. What professional organizations or associations is applicant a member of? _____
8. Applicant is _____ Individual _____ Partnership _____ Corporation
9. a. Gross Revenue (most recent 12 mos): _____ Net Revenue (Most recent 12 mos): _____
Anticipated Gross Annual Revenue (next 12 mos): _____
b. Percentage of Gross Revenue from:
Temporary placements _____ Resume writing _____
Executive/Permanent placement/recruiting _____ Outplacement _____
PEO/Leasing _____ Relocation services _____
Career counseling _____
Other _____ Detail for other _____
10. Provide the number of your employees on staff (not staff provided to others): Permanent Placement Recruiters _____
Temporary Placement Recruiters _____ Other/Clerical _____ Owners/Officers _____
10a.: Total Annual Billable Hours (for placed workers) _____
11. Industries of specialization (check if none _____):
Transportation _____% Finance/Wall Street _____% Construction _____%
Medical/Hospital _____% Legal _____% Media/Arts _____%
Manufacturing/Industrial _____% Government _____% All Others* _____%

Insurance ____%
 Technology ____%
 Pharmaceutical ____%

Education ____%
 Hotel ____%
 Travel ____%

*** Please Provide Details** _____

12. Does applicant place temps out of country? _____ Yes _____ No
 If Yes, please describe locations, type of clients and type of placements: _____
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13. Describe screening process to determine applicants' suitability (background/reference checks, criminal history, etc.) including controls/testing used where specific skills required:

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14. Do you require that clients with whom you assign temporary professional employees (medical/allied healthcare providers, accountants, attorneys, architects, engineers, etc.) provide proof of professional liability insurance (which includes acts of your temporary staff) of at least \$1,000,000 per claim or occurrence? _____ Yes _____ No If "Yes", is this requirement always in writing? _____ Yes _____ No Do you obtain Certificates of Insurance in all such cases? _____ Yes _____ No
15. During the past 12 months has the applicant merged with, acquired, or been acquired by any other company(s) or individual(s), or is any change in ownership anticipated over the next 12 months? _____ Yes _____ No

Temporary Staffing Services/PEO Operations (Non-Medical):

16. Please provide current employee count and gross payroll for past 12 months. If you have not been in business for 12 months, please check here ____ and provide anticipated gross payroll for the next 12 months.

	Type	No. of Employees	Annual Payroll	Type	No. of Employees	Annual Payroll	
GROUP I Clerical	Office Workers (includes secretarial, filing, mail clerks, word processors, data processors, and non-skilled, in-office workers)	_____	_____	GROUP II Attorneys	_____	_____	
	Bookkeepers (accts Receivable/payable clerks)	_____	_____		GROUP III Accountants (CPA & Non CPA)	_____	_____
	Messengers	_____	_____	Architects / Engineers		_____	_____
	Other Clerical*	_____	_____				
Blue Collar	Forklift Operators	_____	_____	GROUP V Software Programmers Hardware Techs	_____	_____	
	Warehouse Workers	_____	_____				
	Manufacturing*	_____	_____				
	Drivers*	_____	_____	Other Professionals* (Requiring specialized training, license or degree - examples: Real Estate Appraisers, Educators, Insurance Agents, Real Estate Agents, Claims Adjusters)	_____	_____	
	Others*	_____	_____				

2. Is a formal safety program in operation? Yes No If yes, please provide details. _____

3. Does the applicant provide any service or work product other than temporary or permanent staffing or employee leasing?
 Yes No If yes, please describe. _____

4. Does the applicant ever accept liability in writing for bodily injury or property damage caused by employees sent to client work sites? Yes No

INSURANCE, CLAIMS & INCIDENT HISTORY

1. Has any company canceled, declined to renew, or refused to offer Staffing Services Professional Liability insurance?
 Yes No

If Yes, explain _____

2. Has your Company or any Company personnel engaged in providing staffing services ever been the subject of disciplinary action or investigation by any federal, state, or local governmental agency or regulatory body? Yes No

3. Please furnish details of all Staffing Services Professional Liability Claims against your company within the last 5 years. (Include all demands & lawsuits, charges, inquiries, investigations, or other proceedings). Use separate sheet if necessary. If none, please indicate: _____

Date	Pd. Defense	Pd. Indem.	Res. Defense	Res. Indem.	Description

4. Does any director, officer, partner, shareholder, principal, or employee with personnel responsibility have knowledge of any circumstances that could give rise to a Claim as described in 3. above, or in any other way suspect that such a Claim may be brought? Yes No

If Yes, please provide a brief narrative of the circumstances. _____

5. STAFFING SERVICES PROFESSIONAL LIABILITY INSURANCE History (Start with most recent policy)

Policy Period	Insurer	Limits of Liability	Deductible	Premium
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INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION

The undersigned, on behalf of all prospective insureds, after a reasonable inquiry, declares to the best of his/her knowledge and belief that the statements contained herein are true and shall be deemed to be material to the acceptance of the risk or hazard assumed by the Company under this Policy. It is further agreed by the undersigned, its subsidiaries, and their directors, officers and trustees, that the Policy, if issued, is in reliance upon the truth of such representations and warranties which are incorporated into and made a part of the Policy. It is agreed that, although the signing of the Application does not commit the undersigned to purchase the insurance being applied for, the statements made in this Application shall become the basis of the Policy should one be purchased, and shall be attached to and made a part of the Policy. The Company is hereby authorized to make any investigation and inquiry in connection with this application deemed necessary.

FRAUD WARNINGS

PLEASE NOTE THE FOLLOWING:

(ALL STATES EXCEPT AR, CO, FL, HI, KY, ME, VA, NJ, NM, NY, OH, OK, PA): ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR 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.

ARKANSAS 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.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

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.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

MAINE AND VIRGINIA 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 OR A DENIAL OF INSURANCE BENEFITS.

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.

NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR 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.

TENNESSEE 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.

Date: _____ Applicant's Signature: _____ Title: _____

Attachments (mandatory): Front & back of time card, standard client contract, principal(s)' resume if in business less than 3 years.