



**CRIME PROTECTION PLUS  
Temporary Staffing Agency Supplement**

*This is a supplement to the Philadelphia Insurance Companies Crime Protection Plus Application*

Name of Applicant: \_\_\_\_\_

1. Total number of temporary employees placed: Last Year: \_\_\_\_\_ Prior Year: \_\_\_\_\_

2. Provide a breakdown of the types of staffing services offered to your clients:

Executive:	_____	%
Medical:	_____	%
Computer / IT Services:	_____	%
Financial / Accounting:	_____	%
Managerial:	_____	%
Clerical:	_____	%
Warehousing / Transportation:	_____	%
Janitorial Services:	_____	%
Security Services:	_____	%
Other:	_____	%

Describe- \_\_\_\_\_

**Total** \_\_\_\_\_ **100%**

3. Do any of your temporary personnel transport money, securities, or other valuable property outside of your client's premises?  Yes  No **If yes, please describe the type of property and value:** \_\_\_\_\_

\_\_\_\_\_

4. Describe the background check(s) you perform on all prospective temporary employees: \_\_\_\_\_

\_\_\_\_\_

5. Have you had any losses within the past 3 years, whether reported or not, that have occurred as a result of the acts of your temporary placed employee?  Yes  No **If yes, provide a full description of any occurrence(s) and whether there were any paid losses.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To enter more information, please use the separate page attached to the application**

**I understand information submitted herein becomes a part of my Philadelphia Insurance Companies Crime Protection Plus Application and is subject to the same conditions as stated on the application.**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

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Signature

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Date