



TEMPORARY STAFFING AGENCY APPLICATION

(Combined Commercial Package / Management & Professional Lines)

Name of Applicant:

Address:

City:

State:

Zip:

Website:

E-Mail:

Date Established:

Telephone Number:

SUBMISSION REQUIREMENTS

- Currently valued insurance company loss runs for the current policy period plus three (3) prior years
- ACORD Applications
- Staffing Agency Combined Supplemental Application
- Workers Comp class codes & estimated payroll breakdown

Whenever used in this Application the term Applicant shall mean the Named Insured / Named Entity / Private Company and its subsidiaries. Certain coverages addressed in this Application are provided on a Claims Made and Reported basis, please read your policies carefully. Employee includes permanent and staffed / temporary placed employees.

SECTION I – GENERAL INFORMATION

1. Please provide a breakdown of the Applicant's staff into the following categories:
 - a. Principals, Partners, or Officers:
 - b. Full-time employees:
 - c. Part-time employees:
 - d. Independent contractors:
2.

a. Number of W-2 placements prior fiscal year:	Projected current fiscal year:
b. Amount of 1099 payroll prior fiscal year:	Projected current fiscal year:
3. How many of the Applicant's staff employees have been terminated or demoted in the past twelve (12) months?

Voluntary:	Involuntary:	Laid Off:	
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4. List the three (3) largest states in which the Applicant's employees perform their duties on behalf of their clients:
5. Number of employees in California?
6. Is any reduction of employees anticipated or being contemplated within the next year?

	Yes	No
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7. Does the Applicant now, or will the Applicant place their employee(s) in a position which requires the employee(s) to operate:

a. Cranes, bulldozers, or trucks over 4,000 lbs.?	Yes	No
b. Aircraft or watercraft?	Yes	No

8. Does the Applicant transport temporary staffing employees to job sites? Yes No
 If yes, please include a list of drivers along with respective dates of birth and answer the following:
- a. Does the Applicant perform MVR checks at time of hire for drivers? Yes No
 - b. Does the Applicant perform annual MVR checks thereafter? Yes No
9. Total annual gross revenues:
- | | | |
|-------------------------------|----|--|
| Past fiscal year: | \$ | |
| Current fiscal year: | \$ | |
| Estimate – next year: | \$ | |
| Annual payroll for placement: | \$ | |
- Annual Revenue by:
- | | | |
|---------------------|---|--|
| Temp Staffing: | % | |
| Permanent Placement | % | |
| Contract Staffing: | % | |
| PEO: | % | |
| Consulting | % | |
- Total: 100% %
10. Does the Applicant have a hold harmless agreement in favor of Applicant with its client companies regarding liability for employment actions of the client company? Yes No
11. Provide a breakdown of the types of staffing services offered to the Applicant's clients:
 Breakdown type of placements:
- | | | |
|---------------------------|---|--|
| Executive : | % | |
| Medical: | % | |
| Computer / IT Services: | % | |
| Financial / Accounting: | % | |
| Managerial: | % | |
| Clerical: | % | |
| Warehouse: | % | |
| Janitorial Services: | % | |
| Security Services: | % | |
| Other: | % | |
| Drivers / Transportation: | % | |
- Please provide a radius of operation:
- | | | |
|----------------|---|--|
| Skilled labor: | % | |
|----------------|---|--|
- Please list placements by classification:
- | | | |
|---|---|--|
| Contract Referrals: | | |
| What percent of total revenue from these referrals: | % | |
- If other, please describe:
12. Does Applicant conduct a prior employment check on all new hires? Yes No
13. Does Applicant conduct a criminal background check on all new hires? Yes No

SECTION II – EMPLOYMENT PRACTICES LIABILITY (EPL)

1. EPL has been continuously in force since:
2. EPL limit requested: \$
3. EPL deductible requested: \$

4. Does the Applicant have a human resource department? Yes No
 If no, describe how the function is handled:
5. Does the Applicant:
- a. Have a standard employment application for all job applicants? Yes No
 - b. Have an employment handbook? Yes No
 - c. Document the receipt of the employee handbook by the employee? Yes No
 - d. Have an At Will provision in the employment application? Yes No
 - e. Have a written policy with respect to sexual harassment? Yes No
 - f. Have a written policy with respect to discrimination? Yes No

SECTION III – PROFESSIONAL LIABILITY (E&O)

- 1. E & O has been continuously in force since:
- 2. Current form type: Occurrence Claims Made
- 3. E & O limit requested: \$
- 4. Deductible requested: \$

SECTION IV – CRIME

Requested	Limit	Deductible
Insuring Agreement A1: Employee theft and client coverage	\$	\$
Insuring Agreement A2: ERISA Fidelity	\$	\$
Insuring Agreement B: Forgery or Alteration	\$	\$
Insuring Agreement C: Theft, Disappearance & Destruction – Inside the Premises	\$	\$
Insuring Agreement D: Theft, Disappearance & Destruction – Outside the Premises	\$	\$
Insuring Agreement E: Money Orders and Counterfeit Paper Currency	\$	\$
Insuring Agreement F: Computer and Funds Transfer Fraud	\$	\$
Additional Insuring Agreement: Loss of Clients Property	\$	\$

- 1. Are the Applicants financial statements prepared by an independent Certified Public Accountant on an annual basis? Yes No
- 2. Are the owners involved in the daily operations of the company? Yes No
- 3. Are two signatures required on checks? Yes No
 If yes, over what amount? \$
 If no, who has the authority to sign checks?
- 4. Do employees who reconcile bank statements also:
 - a. Sign checks? Yes No
 - b. Make withdrawals? Yes No
 - c. Make deposits? Yes No
 - d. Have access to bank checks? Yes No
 - e. Have access to computer systems that print checks? Yes No
 - f. Have access to facsimile, signature plate, or check signing machines? Yes No
- 5. Do any of the Applicants temporary personnel transport money, securities, or other valuable property outside of their client's premises? Yes No
 If yes, please describe the type of property and value:

SECTION V – GENERAL SUMMARY

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| 1. With respect to the coverage addressed in this Application, has any Underwriter refused, canceled, or non-renewed coverage? (Not applicable in Missouri) | Yes | No |
| 2. With respect to the coverage addressed in this Application, has the Underwriter indicated any intent to not offer renewal terms to the Applicant? (Not applicable in Missouri) | Yes | No |
| 3. Has the Applicant given written notice under the provisions of any prior policies providing similar insurance of claims, or of specific facts or circumstances which might give rise to a Claim being made against any person or entity applying for this insurance?
If yes, please provide details via separate attachment. | Yes | No |
| 4. No person applying for Employment Practice Liability (EPL) or Professional Liability (E&O) coverage is aware of any facts or circumstances that may give rise to a Claim under these coverages. None, or as noted below.
(Provide attachment if necessary) | | |

FRAUD NOTICE STATEMENTS

NOTICE TO 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF 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."

RESIDENTS OF ARIZONA APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF 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."

RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

RESIDENTS OF FLORIDA RESIDENTS 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."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY 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 WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF 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."

RESIDENTS OF LOUISIANA 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."

RESIDENTS OF 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 OR A DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

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

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF NEW YORK 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

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

RESIDENTS OF OKLAHOMA APPLICANTS: "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."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

RESIDENTS OF 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 AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF 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."

Name (Please Print/Type)

Title
(MUST BE SIGNED BY THE PRESIDENT CHAIRMAN OR EXECUTIVE DIRECTOR)

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

Produced By: (Section to be completed by Producer/Broker)

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)