

### SUBMISSION REQUIREMENTS

- |  |  |
|--|--|
| <input type="checkbox"/> Completed, signed and dated application                 | <input type="checkbox"/> Loss Runs—Currently valued from prior carrier three (3) years |
| <input type="checkbox"/> Copy of PEO/ASO/VMS/MSP/Staffing Agreements             | <input type="checkbox"/> Resumes of principals and/or managers—new in business         |
| <input type="checkbox"/> Copy of Employee Handbook or Employee Manual            | <input type="checkbox"/> WC classifications and payroll (by client company if PEO)     |
| <input type="checkbox"/> 941s for last four (4) quarters for Staffing operations | <input type="checkbox"/> ACORD application for owned auto                              |
| <input type="checkbox"/> Audited financials for PEO                              | <input type="checkbox"/> ACORD application for property/inland marine                  |

REQUESTED EFFECTIVE DATE: \_\_\_\_\_

### I. APPLICANT INFORMATION

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

**ADDITIONAL SUBSIDIARIES:** Please use a separate sheet to list additional subsidiaries to be included for coverage.

Physical Address of Insured's Primary Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner/Risk Manager Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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, PEO, ASO, MSP or Permanent Placement?  Yes  No If Yes, provide details: \_\_\_\_\_

1. General Information	Projected for the current year	Prior Year	If start-up, 12-month projection
Corporate Employee Payroll (In-house)	\$	\$	\$
Number of Corporate Employees (In-house)			
Temporary (W-2) and Contract (1099) Payroll	\$	\$	\$
Temporary and Contract Billable Hours			
PEO and ASO Worksite Payroll	\$	\$	\$
Number of PEO and ASO Worksite Employees			
Revenue From Permanent Placements	\$	\$	\$
Managed Service Provider Payroll	\$	\$	\$

2. Percentage distribution of your Temp Staffing (W-2) and/or Contract Placements (1099) payroll projected for your current full fiscal year (total must equal 100%):

Healthcare		White and Gray Collar		Specialty Placements	
Doctors	%	Office/Clerical	%	Aerospace	%
Dentists	%	Architects, Engineers	%	Aviation	%
Licensed Caregivers	%	Accountants, Lawyers	%	Nuclear	%
Unlicensed Caregivers	%	Financial Services	%	Defense	%
				Drivers	%
Information Technology		Blue and Light Blue Collar		Mining or Logging	%
IT Professionals	%	Light Industrial	%	Oil & Gas	%
Programmers	%	Heavy Industrial/Factory	%	Roofing	%
		Skilled Construction/Trades	%	Hazardous Materials	%
		Unskilled Construction/Labor	%	Chemical/Explosives	%
		Hospitality/Food Service	%	Armed Security	%

3. Please list your five largest Staffing and/or PEO clients:

Name	Payroll	Your client's industry	Services you provide	No. of employees you place
	\$			
	\$			
	\$			
	\$			
	\$			

## II. CORPORATE OVERVIEW

1. Do your employees hold any Staffing or PEO industry certifications?  Yes  No If Yes, please list:

2. 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 on a separate sheet.*

b. Do the background checks include criminal acts?  Yes  No Sexual related crimes?  Yes  No  
Child abuse?  Yes  No

3. 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

4. a. Is there a written Employee Manual/Employee Handbook?  Yes  No
- b. Do you distribute and record receipt of manual to all employees?  Yes  No
- c. Date (month and year) the manual was last updated: \_\_\_\_\_
- d. Does the Employee Manual include written procedures addressing any of the following? (Check all that are applicable.)
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Americans With Disability Act | <input type="checkbox"/> Progressive Discipline         | <input type="checkbox"/> Anti-Sexual Harassment        |
| <input type="checkbox"/> Employee Complaints           | <input type="checkbox"/> Hiring and Firing of Employees | <input type="checkbox"/> Americans With Disability Act |
| <input type="checkbox"/> Employment at Will            | <input type="checkbox"/> Anti-Discrimination            | <input type="checkbox"/> Family Medical Leave Act      |
| <input type="checkbox"/> Equal Opportunity             |   |  |
- e. Are employment issues relating to the following handled by the Human Resource Department, Outside Counsel and/or Legal Department?
- Terminations:  Yes  No      Other harassment/bullying:  Yes  No
- 
- Discrimination:  Yes  No      Layoffs:  Yes  No
- 
- Sexual harassment:  Yes  No      Transfers and/or promotions:  Yes  No
5. a. Is documentation maintained on awareness training of staff regarding employee complaints of sexual harassment, harassment, abuse and workplace violence?  Yes  No
- b. Date (month and year) awareness training was last conducted: \_\_\_\_\_

6. These questions apply to Staffing agencies only:

- a. Are written Staffing contracts always used to govern the services you provide?  Yes  No
- 
- b. Are contracts provided to you by your customers reviewed by your legal counsel prior to execution?  Yes  No
- 
- c. Do contracts make direction and supervision of your placed worker the responsibility of your customer?  Yes  No
- 
- d. Is the hold harmless and indemnification wording in your favor or at least mutual?  Yes  No
- 
- e. Do you sign contracts that assume liability for negligence of another party?  Yes  No
- 
- f. Are contract modifications always agreed to in writing?  Yes  No

7. Number of PEO worksite employees:

State	No. of Client Companies	Full-Time Worksite Employees	Part-Time Worksite Employees

8. Total number of client companies: Last year \_\_\_\_\_ Current year \_\_\_\_\_ Next year \_\_\_\_\_

9. Salary ranges (including bonuses and commissions) of corporate staff and temporary/leased/worksites employees:

	Number of Full-Time Employees	Number of Part-Time Employees	Seasonal/ Temporary	Other
\$20,000 or less				
\$20,001 to \$50,000				
\$50,001 to \$100,000				
\$100,001 to \$200,000				
\$200,001 and over				

### III. LIABILITY COVERAGES

1. **PROFESSIONAL LIABILITY/ERRORS & OMISSIONS COVERAGE** Quote:  Yes  No

Claims Made  Occurrence *If Claims Made selected, Current retroactive date:* \_\_\_\_\_

**Limits of Liability:** Each Claim/Aggregate  \$1,000,000/\$2,000,000  Other: \$ \_\_\_\_\_ / \$ \_\_\_\_\_

Deductible Each Occurrence: \$ \_\_\_\_\_

Do you visit all sites before taking on a new customer?  Yes  No

Vendor(s) you use for background screening: \_\_\_\_\_

2. **GENERAL LIABILITY COVERAGE** (Products/Completed Operations and Personal & Advertising Injury included) Quote:  Yes  No

Coverage	Limits
Each Occurrence/Aggregate Limit	<input type="checkbox"/> \$1,000,000/\$3,000,000 <input type="checkbox"/> Other: \$ _____ / \$ _____
Damage to Premises Rented To You	<input type="checkbox"/> \$500,000 <input type="checkbox"/> Other: \$ _____
Medical Expense	<input type="checkbox"/> \$5,000 <input type="checkbox"/> Other: \$ _____

**DEDUCTIBLES:** Bodily Injury/Property Damage combined:  \$1,000  \$2,500  \$5,000  \$10,000  Other: \$ \_\_\_\_\_

*Separate Bodily Injury and Property Damage Deductible available upon request.*

3. **STOP GAP COVERAGE** (General Liability required) Quote:  Yes  No

Coverage	Limits
Bodily Injury by Accident—Each Accident/ Bodily Injury by Disease—Policy Limit/ Bodily Injury by Disease—Each Employee	<input type="checkbox"/> \$1,000,000/\$1,000,000/\$1,000,000 <input type="checkbox"/> Other: \$ _____ / \$ _____ / \$ _____

Total payroll in each monopolistic workers' compensation state:

North Dakota: \$ \_\_\_\_\_ Ohio: \$ \_\_\_\_\_ Washington: \$ \_\_\_\_\_ Wyoming: \$ \_\_\_\_\_

**4. EMPLOYEE BENEFITS LIABILITY (EBL) COVERAGE** (General Liability required) Quote:  Yes  No

**Limits of Liability:** Each Wrongful Act/Aggregate  \$1,000,000/\$2,000,000  Other: \$ \_\_\_\_\_ / \$ \_\_\_\_\_

Deductible:  \$1,000  Other: \$ \_\_\_\_\_

Occurrence Basis (only available in New York): \$ \_\_\_\_\_

**5. ABUSE OR MOLESTATION COVERAGE** (General Liability required) Quote:  Yes  No

Do you provide Child Day Care Services on your premise(s)?  Yes  No

Do you place temp workers (W-2) and/or contract workers (1099) in situations involving the following:

- Health Care  Child Care and/or Schools  
 Senior Care  Other Facilities where children are present

**Limits of Liability:** Each Claim/Aggregate  \$1,000,000/\$1,000,000  Other: \$ \_\_\_\_\_ / \$ \_\_\_\_\_

Deductible Each Occurrence: \$ \_\_\_\_\_

**6. EMPLOYMENT PRACTICES LIABILITY INSURANCE (EPLI)** Quote:  Yes  No

**Limits of Liability:** Each Claim/Aggregate  \$1,000,000/\$2,000,000  Other: \$ \_\_\_\_\_ / \$ \_\_\_\_\_

Deductible Each Occurrence: \$ \_\_\_\_\_ Current retroactive date: \_\_\_\_\_

**7. EXCESS/UMBRELLA LIABILITY** Quote:  Yes  No

Limit of Liability Requested: \$ \_\_\_\_\_

Employer Liability (EL) Carrier: \_\_\_\_\_ EL Limit: \_\_\_\_\_

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

**HNOA COVERAGE** (General Liability required) Quote:  Yes  No *If No, please continue to Section V.*

Do you place temp (W-2) or contract (1099) workers as drivers?  Yes  No

Do you obtain an MVR on every worker that drives for your clients?  Yes  No

Do you update MVRs every year for every driver?  Yes  No

Do you provide driver training or evaluation?  Yes  No

Do you require your placed drivers to be added to client's auto policy?  Yes  No

Does your client add you as an additional insured to their auto policy?  Yes  No

Do you place any long-haul drivers?  Yes  No

Do you place any hazardous materials drivers?  Yes  No

Hired/Borrowed and Non-Owned Auto Liability  \$1,000,000 CSL *If Owned Autos, please submit ACORD Commercial Auto application.*

### V. CRIME

**CRIME COVERAGE** Quote:  Yes  No *If No, please continue to Section VI.*

Insuring Agreement	Limit of Insurance Per Occurrence	Deductible Per Occurrence
1. Employee Theft	<input type="checkbox"/> \$150,000 <input type="checkbox"/> Other: \$ _____	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other: \$ _____
2. Employee Theft of Client's Property	<input type="checkbox"/> \$150,000 <input type="checkbox"/> Other: \$ _____	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other: \$ _____
3. Employee Theft of Trade Secrets	<input type="checkbox"/> \$150,000 <input type="checkbox"/> Other: \$ _____	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other: \$ _____
4. Employee Theft of Client's Trade Secrets	<input type="checkbox"/> \$150,000 <input type="checkbox"/> Other: \$ _____	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other: \$ _____
5. Fraudulent Impersonation of Employees Included? a. Verification required for all transfers – <b>OR</b> b. Verification required for all transfers in excess of:	<input type="checkbox"/> Yes <input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
6. Fraudulent Impersonation of Customers and Vendors Included? a. Verification required for all transfers – <b>OR</b> b. Verification required for all transfers in excess of:	<input type="checkbox"/> Yes <input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
7. Forgery or Alteration	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other: \$ _____	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other: \$ _____
8. 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: \$ _____
9. 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: \$ _____
10. Outside the Premises	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other: \$ _____	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other: \$ _____
11. Computer and Funds Transfer Fraud	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other: \$ _____	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other: \$ _____
12. 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.

13. How often are audits conducted? \_\_\_\_\_

14. Who conducts the audits? \_\_\_\_\_

15. Are bank accounts reconciled by someone not authorized to deposit or withdraw?  Yes  No

16. Does supporting record accompany all checks to be signed?  Yes  No

17. Are payroll checks issued in accordance with time sheets?  Yes  No

18. Is record voided upon check issuance?  Yes  No *If No, identify controls used to avoid duplication, on a separate sheet.*

a. Do you have a written, enforced vendors process that requires verification of ownership and segregation of duties?  Yes  No

b. Are checks stamped "For Deposit Only" as received?  Yes  No

c. Are outbound checks required to be countersigned?  Yes  No *If No, explain why not.* \_\_\_\_\_

19. List the name of each employee health and welfare plan that is to be included as an insured:

\_\_\_\_\_

**VI. POLICY INFORMATION**

Entire table must be completed. If none, please write "none."

Coverage	Insurance Carrier	Limits of Insurance	Deductible	Expiration Date	Retro Date	Annual Premium
Professional Liability/E&O	_____	\$ _____	\$ _____	_____	_____	\$ _____
General Liability	_____	\$ _____	\$ _____	_____	_____	\$ _____
Stop Gap	_____	\$ _____	\$ _____	_____	_____	\$ _____
Abuse Coverage	_____	\$ _____	\$ _____	_____	_____	\$ _____
EPLI	_____	\$ _____	\$ _____	_____	_____	\$ _____
Auto	_____	\$ _____	\$ _____	_____	_____	\$ _____
Crime	_____	\$ _____	\$ _____	_____	_____	\$ _____
Excess/Umbrella	_____	\$ _____	\$ _____	_____	_____	\$ _____
Property/Inland Marine	_____	\$ _____	\$ _____	_____	_____	\$ _____

**VII. LOSS HISTORY**

All questions in this section must be answered.

1. Has insurance ever been declined or cancelled?

Professional Liability E&O:  Yes  No

Abusive Acts:  Yes  No

General Liability:  Yes  No

EPLI:  Yes  No

Stop Gap:  Yes  No

Hired/Non-owned Auto:  Yes  No

EBL:  Yes  No

Crime:  Yes  No

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

2. 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.*

3. 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.*

4. During the past 5 years has any claim been made against the Applicant or any director, officer, employee or partner of the Applicant for:

Professional Liability Errors & Omissions:  Yes  No

Abusive Acts:  Yes  No

General Liability:  Yes  No

EPLI:  Yes  No

Stop Gap:  Yes  No

Hired and Non-Owned Auto:  Yes  No

Employee Benefits Liability:  Yes  No

Crime:  Yes  No

### 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 on this application.

### 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.

### FAIR CREDIT REPORTING ACT NOTICE

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. You



may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

#### FRAUD NOTICE FOR ALL APPLICANTS

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA, and WV.)

#### FRAUD NOTICES FOR APPLICANTS OF SPECIFIC 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 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.

**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 Nebraska Applicants:** 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.

**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 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 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: \_\_\_\_\_

---

Agent Signature

---

Date

Print agent name: \_\_\_\_\_

Agent License Number: \_\_\_\_\_

*Required in the state of Florida*