



**APPLICATION FOR PERSONNEL CONSULTANTS AND TEMPORARY HELP SERVICES  
PROFESSIONAL LIABILITY AND EMPLOYMENT LIABILITY INSURANCE**

**NOTICE: THE COVERAGE AFFORDED UNDER THE POLICY FOR WHICH APPLICATION IS BEING MADE DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

1. Name of **Applicant** (please include DBAs): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Limits of liability desired:  
 \$100,000/\$100,000       \$100,000/\$300,000       \$200,000/\$600,000       \$250,000/\$750,000  
 \$1,000,000/\$1,000,000       \$1,000,000/\$2,000,000       Other: \_\_\_\_\_

3. Year established \_\_\_\_\_. If less than two (2) years, please attach resumes of all principals.

4. Is the **Applicant** controlled or owned by, or associated or affiliated with, or does it own, any other firm or business enterprise?  Yes  No  
If "Yes," please attach an explanation of the operations, estimated revenues of and relationships with each entity.

5. Is the **Applicant** engaged in any business or profession other than personnel consulting/temporary help placement?  Yes  No  
If "Yes," please attach an explanation and estimated revenues.

6. Does the **Applicant** contract to provide any services other than permanent placement or temporary help placement, including but not limited to employee leasing, computer programming consulting or the staffing of entire departments?  Yes  No  
If "Yes," does the **Applicant**, **Applicant's** staff or any individual placed supervise the work or work product of any of the staff placed?  Yes  No  
If "Yes," please attach an explanation.

7. Principal industries served by the **Applicant**: \_\_\_\_\_

\_\_\_\_\_

8. Please indicate the total annual gross revenues (revenues before expenses) derived from personnel consulting/temporary help placement:

	Year	Revenue	
a)	Current	\$ _____	(Twelve (12) Month Numbers - estimate if necessary)
b)	Previous	\$ _____	(Twelve (12) Month - actual)

9. Please indicate percentage of revenues by:

- a) Permanent placement: \_\_\_\_\_%
- b) Temporary placement: \_\_\_\_\_%
- c) Other: \_\_\_\_\_% Please explain: \_\_\_\_\_

10. Please provide the total amount of annual temporary placement payroll: \_\_\_\_\_

11. If an amount was indicated in 9(b), please provide the percentage of temporary placements by type:

Accountant	____%	Dental	____%	Industrial/Manufacturing	____%
Actuary	____%	EDP - Programmers	____%	Investment Advisor	____%
Architect	____%	EDP - Software Engineers	____%	Lawyer/Attorney	____%
Auditor	____%	EDP - Other (please explain)	____%	Management Consultant	____%
_____					
Bank Teller	____%	Engineer - Civil	____%	Medical	____%
Bookkeeper	____%	Engineer - Electrical	____%	Pharmacist	____%
Clerical/Secretarial	____%	Engineer - Mechanical	____%	Sales Personnel	____%
Data Entry	____%	Human Resources	____%	Other (please explain)	____%
_____					

- **If Engineer, Management Consultant and/or Human Resources placements are made, please attach an explanation of type.**
- **If Dental, Medical or Pharmacist placements are made, completion of a supplemental application is required.**
- **If EDP placements are made, a copy of the client services agreement is required.**
- **If independent contractors are used, a copy of the independent contractor agreement is required.**

12. Please indicate the **Applicant's** total staff by number of:

Proprietors, Partners or Officers: \_\_\_\_\_ All other Full-Time Employees: \_\_\_\_\_  
 Professional Placers / Recruiters: \_\_\_\_\_ Temporary Employees/Workers: \_\_\_\_\_

13. Does the **Applicant** conduct drug testing, reference or background checking?  Yes  No  
 If "Yes," does the **Applicant** subcontract any of these activities out to others?  Yes  No

14. Does the **Applicant** have a written procedural manual for employees to follow?  Yes  No

15. Is commercial general liability coverage currently in force?  Yes  No  
 If "Yes," please provide:

Insurance Company: \_\_\_\_\_  
 Expiration date: \_\_\_\_\_ Limit of Liability: \_\_\_\_\_

16. Is errors and omissions or professional liability insurance currently in force?  Yes  No  
 If "Yes," please provide:

Insurance Company: \_\_\_\_\_  
 Expiration date: \_\_\_\_\_ Limit of Liability: \_\_\_\_\_ Premium: \_\_\_\_\_

Is the policy:  Claims Made?  Occurrence?

17. If the policy in Question 16 is "Claims Made," please provide the length of time coverage has been continuously in force: \_\_\_\_\_

**18. MISSOURI APPLICANTS/AGENTS - DO NOT ANSWER THIS QUESTION.**

Has any errors and omissions or professional liability insurance ever been declined or canceled?  Yes  No  
If "Yes," please attach an explanation.

19. Is workers' compensation insurance currently in force?  Yes  No  
If "Yes," are all temporary employees covered under this insurance?  Yes  No

20. 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 attach an explanation.

21. Please attach a list and status of all general liability and/or errors and omissions claims made during the past five (5) years against the **Applicant** or any director, officer, employee or partner of the **Applicant**.  
If "None," please check here:  None

22. Does any director, officer, employee or partner of the **Applicant** have knowledge or information of any Personnel Consulting, Temporary Help Services, Employment Practice or Personal Injury Occurrence(s) which can reasonably be expected to give rise to a claim?  Yes  No  
If "Yes," please attach an explanation.

23. During the last five (5) years, have there been any claims against the **Applicant**, its directors, officers, employees or partners for wrongful termination, employment-related discrimination, sexual harassment or retaliatory treatment against employees, including complaints filed with the Equal Employment Opportunity Commission or any similar state or local agency or authority?  Yes  No  
If "Yes," please provide information for all such claims and indicate the date, allegation, loss amount, defense cost and dispositions of each. \_\_\_\_\_

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**Without prejudice to any other rights and remedies of the Company, any claim arising from any claims, facts, circumstances or situations required to be disclosed in response to Question 22 and 23 above is excluded from the proposed insurance.**

**NOTICE TO APPLICANT — PLEASE READ CAREFULLY.**

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE COMPANY TO COMPLETE, OR THE APPLICANT TO PURCHASE, THE INSURANCE.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE COMPANY AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME A PART OF IT. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY. THE APPLICATION WILL BECOME A PART OF SUCH POLICY IF ISSUED.

IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE APPLICANT WILL NOTIFY THE COMPANY, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION.

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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, WHICH IS A CRIME.

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 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.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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

**NOTICE TO 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.

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

**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 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.

**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 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.

**NOTICE TO 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.

**NOTICE TO OREGON AND TEXAS APPLICANTS:** ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.

**NOTICE TO 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.

APPLICANT:		
BY ( <i>President, Chairman, or CEO</i> ):	TITLE:	DATE:

NOTE: This Application must be signed by the President, Chairman, or CEO of the **Applicant** acting as the authorized agent of the person(s) and entity(ies) proposed for this insurance.

**REQUIRED INFORMATION**

PRODUCED BY ( <i>Insurance Agent or Broker</i> ): Please print and sign name  _____		
FIRM NAME:		
TAXPAYER ID OR SOCIAL SECURITY NO.:	PRODUCER LICENSE NO.:	
ADDRESS ( <i>No., Street, City, State, and ZIP</i> ):		
EMAIL ADDRESS:		
SUBMITTED BY ( <i>Firm</i> ):	TAXPAYER ID OR SOCIAL SECURITY NO.:	PRODUCER LICENSE NO.:

ADDRESS (*No., Street, City, State, and ZIP*):