

STAFFING SERVICES LIABILITY APPLICATION

PROPOSED EFFECTIVE DATE: _____

I. APPLICANT INFORMATION (This entire section "I" must be completed)

Applicant Name (include all corporate entities, d/b/a's or t/a's): _____

Applicant Is: Individual Partnership Corporation Other _____
 Applicant Is: Franchisor Franchisee Independent Other _____

Owner/Contact Name and Title _____

Phone No. () _____ Fax No. () _____ E-Mail Address _____

Street Address: _____

Mailing Address: _____

Number of locations or branch offices including the main office: _____

Does Applicant design or produce any products, structures or production systems? NO YES

If yes please describe: _____

No. of Years in Business _____ Total Annual Gross Receipts (not payroll)\$ _____

Percentage of receipts from temporary placement: _____

leasing: _____

permanent placement: _____

II. TEMPORARY PLACEMENT SECTION -Do you make Temporary placements? NO YES

IF YOU CHECKED "NO" PLEASE SKIP TO ITEM III

Please provide estimated payrolls for the next 12 months in the appropriate section below:

Clerical \$ _____ Light Industrial _____ Heavy Industrial _____
 and Factory \$ _____ and Construction \$ _____

Accountants \$ _____ Programmers \$ _____ Attorneys \$ _____

(Do not include payroll for:
 Accounting Clerks, Bookkeepers,
 Billing Clerks, etc.)

(Do not include payroll for:
 Data Entry or other Clerks)

Medical Workers \$ _____ Architects & Engineers (without sign-off authority) \$ _____

(NOTE: Doctors, Dentists and Consultants are excluded. Architects & Engineers with sign-off authority are excluded)

Does the Applicant now, or will the Applicant, place their employee(s) in a position which requires the employee(s) to operate: cranes, bulldozers, or trucks over 4,000 lbs? NO YES

Aircraft, watercraft, as a Security Guard? NO YES

Total Payroll of all Temporary placements \$ _____ (Do not include any payroll for employee leasing)

III. **EMPLOYEE LEASING/(PEO)** Do you engage in leasing employees? NO YES

IF YOU CHECKED "NO" PLEASE SKIP TO ITEM IV.

Total Number of All Leased Employees _____ (head count, not a payroll, do not include any Temp placements)

Does Applicant require a written contract with each client? NO YES (if yes, attach copy)

Does or will the Applicant, do business with any clients without a contract? NO YES

How does Applicant ascertain client satisfaction after a contract is signed? _____

Does Applicant conduct background checks/prescreen new hires before hiring? NO YES

Does Applicant prescreen leased employees before placing on Applicant payroll? NO YES

Does Applicant guarantee background check/prescreen to Clients? NO YES

Does Applicant contract with outside firms for services? NO YES

If "YES", is the Applicant named as an Additional Insured on the following Subcontractor's policies:

General Liability? NO YES

Professional or E&O Liability? NO YES

Does Applicant file all required quarterly statements indicating that all state and federal tax deposits, insurance contributions to workers' compensation carriers and other employee benefits payments have been made as required? NO YES

Does Applicant administer/handle pension/retirement plans for leased employees? NO YES

If yes, please provide details: _____

IV. **PERMANENT PLACEMENTS** - Do you engage in making Permanent Placements? NO YES

If you checked "NO" please skip to item V

Number of agency employees who are active in making permanent placements: _____

(include secretaries, etc. if they are engaged in permanent placement services.)

Does Applicant conduct background checks/prescreen prospective employees? NO YES

Does Applicant guarantee background check/prescreen to Clients? NO YES

Percentage of revenue generated from permanent placements: _____ %

V. **OPTIONAL COVERAGES SECTION** - (YES or NO question for each coverage 1-4 must be answered)

1) **Hired & Non-Owned Automobile**

Applicant wants this coverage. NO YES

If yes, please answer the following questions:

Total Number of All Employees: _____

Do you place your Temp employees as drivers of: a) Automobiles NO YES

b) Trucks NO YES

Does Applicant secure a certificate of insurance from the client? NO YES

2) **Stop Gap Coverage (for monopolistic workers' compensation states only)**

Applicant wants this coverage NO YES

If yes, please answer the following questions:

Total payroll in each monopolistic workers' compensation state:
 Ohio \$ _____ Washington \$ _____ Wyoming \$ _____ West Virginia \$ _____
 Nevada \$ _____ N. Dakota \$ _____

3) **Employment Practices Liability** (Not available in PA or VA)

Applicant wants this coverage. NO YES

If yes, please answer the following questions:

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? NO YES

If yes, please provide information for all such claims and indicate the date, allegation, loss amount, defense cost and dispositions of each on a separate sheet of paper.

4) **Employee Benefits Liability** (Not available in PA)

Applicant wants this coverage? NO YES

If yes, please answer the following question:

Total number of all employees on your payroll (head count): _____

VI. **LIMIT OF LIABILITY AND DEDUCTIBLE OPTIONS** – (Items 1-3 must be completed)

1) **Limit of Liability: Occurrence/Aggregate** (please check the appropriate box)

\$1,000,000/1,000,000 \$2,000,000/2,000,000

\$1,000,000/2,000,000 \$2,000,000/3,000,000

Other: _____

2) **Deductible:** (please check the appropriate box)

ZERO \$1,000 \$2,000 \$2,500 \$5,000 \$10,000

Other: _____

3) **Policy information (entire table must be completed, if "none" please write none)**

COVERAGE	INSURANCE CARRIER	LIMITS OF LIABILITY	DEDUCTIBLE	EXPIRATION DATE	ANNUAL PREMIUM
General Liability					
Errors & Omissions					
Hired/Non-Owned Auto					
Stop Gap					
Employment Practices					
Employee Benefits					

- 4) **Loss information (all questions must be answered in their entirety)**
- a. Has any errors and omissions or professional liability insurance ever been declined or cancelled? **NOTE: MISSOURI APPLICANTS DO NOT RESPOND** NO YES
If, "YES", please provide an explanation on a separate sheet of paper.
 - b. Do any of the directors, officers, employees or partners of the Applicant have knowledge or information of any: Permanent Placement, Temporary Help Service, Employment Practice, General Liability, Employee Leasing Service (PEO or Personal Injury Occurrence(s) which can reasonably be expected to give rise to a claim?
NO YES
If "YES", please explain on a separately attached sheet.
 - c. 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?NO YES
If "YES", please explain on a separately attached sheet.
 - d. During the past five (5) years has any claim been made against the Applicant or any director, officer, employee or partner of the Applicant for:

General Liability	<input type="checkbox"/> NO <input type="checkbox"/> YES	Errors & Omissions	<input type="checkbox"/> NO <input type="checkbox"/> YES
Hired Non-Owned Auto	<input type="checkbox"/> NO <input type="checkbox"/> YES	Employment Practices	<input type="checkbox"/> NO <input type="checkbox"/> YES
Employee Benefits	<input type="checkbox"/> NO <input type="checkbox"/> YES	Stop Gap	<input type="checkbox"/> NO <input type="checkbox"/> YES

Please attach a list and status of all claims made for any of the above questions which you answered "YES", indicate the date, allegation, loss amount, defense cost and dispositions of each.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH PA. (HEREIN CALLED THE COMPANY) TO WHICH THIS APPLICATION IS SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT AND SHOULD A POLICY BE ISSUED, IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

IF AND WHEN A POLICY IS ISSUED THIS APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT BY SIGNING BELOW WHERE INDICATED, THAT THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON WHO 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 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON WHO 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.

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.

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 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 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 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 MINNESOTA APPLICANTS: ANY PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

Applicant: _____
Original Signature of
Corporate Officer/Owner: _____
Title: _____
Date: _____

AUTOMOBILE QUESTIONNAIRE
(Ed. 12/30/03)

Insured's Name _____ State _____

1. Please advise carrier information for current commercial automobile policy:

Carrier _____

Limit _____

Does owned auto policy provide hired and non-owned coverage? _____
(Attach a copy of the declarations page)

If not, why? _____

2. Describe the circumstances for which you allow your employees (in-house staff as well as temporary employees) to drive their own vehicles.
3. Describe the circumstances for which you allow your employees to drive client vehicles while on assignment? What is the minimum acceptable limit for the client auto insurance policy? How often do you verify that your client has acceptable coverage?
4. Describe the transportation services you provide for your employees. If you hire employees for the express purpose of providing transportation of your staff to and from job sites, please describe the method by which you compensate those employees. How much do you charge for these transportation services?
5. Describe the services/methods used to verify the driving and auto insurance records of your employees. How often do you update your records regarding those employees, especially the ones who perform any driving on your behalf or on behalf of your client?
6. PLEASE PROVIDE YOUR TOTAL EMPLOYEE COUNT. (This number should include your in-house staff as well as the number of temporary employees.)

Owner or Officer - Insured

Retail Broker

Dated _____

Dated _____

NOTE: Hired and non-owned Auto does not apply to employee owned vehicles hired by the corporation.

**** This coverage is written with \$1,000,000 Combined Single Limit. The premium is flat and fully earned. The Hired & Non-Owned Auto Liability will carry the following deductibles: \$ 10,000 any one Property Damage Occurrence: \$ 25,000 any one Bodily Injury Occurrence: \$ 1,000 any one Occurrence In-house Staff only**

*****This application must be FULLY completed, with ALL questions answered AND SIGNED by BOTH parties (if applicable) in order to be reviewed.**