

WORLD WIDE SPECIALTY PROGRAMS, INC.
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 WWW.WORLDDWIDESPECIALTYPROGRAMS.COM

Temporary Help Service
Blanket Bond Application

Proposed Effective Date of Coverage: _____

1. Company's exact legal name and **all** trading names: _____
 Street address: _____
 Mailing address: _____
 Telephone: (_____) _____ No. years in business: _____
 E-Mail Address: _____ Fax Number: _____
 Applicant is: individual partnership corporation Are you a: franchiser franchisee independent
 Owner's name (if partnership, list names of all partners): _____
 List Membership Affiliations: NATSS NAPS Other: _____

2.

		Limit	Deductible
A.			
I. a.	Insured's Fidelity Coverage	_____	_____
b.	Client's Fidelity Coverage	_____	_____
c.	Legal Liability Fidelity Coverage	_____	_____
d.	Trade Secret Fidelity Coverage	_____	_____
II.	Loss Inside Premises Coverage	_____	_____
III.	Loss Outside Premises Coverage	_____	_____
IV.	Money Orders & Counterfeit Paper Currency Coverage	_____	N/A
V.	Depositors Forgery Coverage	_____	_____
VI.	Credit Card Forgery Coverage	_____	_____
VII.	Computer Crime Coverage	_____	_____

3. Audits: Cash and Accounts _____

A. How often _____ By whom? Independent CPA Public Accountants or Auditor Staff CPA, Staff Public Accountant or equivalent Others (explain fully): _____

B. Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom?
 Yes No By whom? (provide name and position) _____ How often? _____

C. Will countersignature of checks be required? Yes No **If not, by whom signed?** _____

D. Do vouchers or other supporting records accompany all checks to be signed? Yes No

E. Are such vouchers or records void when checks are signed? Yes No

- F. Are incoming checks stamped for "Deposit Only"? Yes No
- G. Are payroll checks made up in accordance with time record sheets? Yes No
- H. Are time sheets voided after check has been issued? Yes No If not, list controls used to avoid duplication of paychecks: _____

I. Do you provide payroll and/or accounting services for unaffiliated offices? Yes No
 If you answered yes, please attach contract and/or detailed description of conduct of business. (Services provided and scope of business.)

J. Are you involved in any type of business or operation other than that of temporary help service? Yes No
 If yes, describe fully. _____

K. Are any of your temps independent contractors? Yes No
 If yes, how many? _____ Please provide a copy of contract and/or detailed description of how they are handled.

L. Do your temporaries become involved in the transport of monies, securities, or property outside the premises of the client? Yes No Specify type of client and maximum valued amounts. Please provide copy of contract.

M. If you provide services for banks or stockbrokers, advise which departments and provide a description of duties. None

N. **Definition of Employees:** "Employees" as used in the bond means all of the natural persons (except directors or trustees of the applicant, of a corporation, who are not also officers or employees thereof in some other capacity), while in the regular service of the applicant in the ordinary course of the applicant's business during the bond period, and whom the applicant compensates by salary, wages or commissions, and who are engaged in such service within any of the States of the United States of America, the District of Columbia, Virgin Islands, Puerto Rico, Canal Zone or Canada, but not to mean brokers, factors, commission merchants, consignees, contractors of other agents or representatives of the same general character.

Class 1 Employees: This class includes all office staff and permanent employees of the insured

President	no.	Secretary	no.	Bookkeepers	no.	no.
Vice President	no.	Attorneys	no.	Others (specify)	no.	no.
Treasurer	no.	Accountants	no.		no.	no.

Class 2 Employees: This class includes all employees who are placed as temporary workers by the insured _____

For most recent calendar year: **Total W-2's:** _____ **Total 1099's:** _____

Please provide percentages in areas in which your agency provides temporaries.

a. Clerical	d. Health/In home Care	h. Financial
b. Mail/Inventory/Messengers	e. Institutional Care	i. Armed Security
c. Word Processing	f. Accountants	j. Watchmen
	g. Programmers	

4. Complete A-C only if interested in coverage agreements noted:

The following questions (A-C) are to be answered as respects your premises only.

A. Computer Controls: Agreement VII .

1. Are the duties of programmers and console operators separated? Yes No
2. Is the output reconciled by persons who do not prepare the input or process it? Yes No
3. Is there preauthorization of all computer usage (especially overtime), including operating instructions, programs to be used, tape reference files to be drawn from library, and planned start and stop time of run? Yes No
4. Does insured use EDP service? Yes No If yes, forward copy of contract and controls.

B. Money & Securities: On Premises: Agreement II

EXPOSURE

Locations	Cash & Sec. Except Checks	Checks	Type of Safe
	\$	\$	
	\$	\$	
	\$	\$	

C. Money & Securities: Off Premises: Agreement III

EXPOSURE

Locations	Cash & Sec. Except Checks	Checks	No. of Messengers	No. of Guards
	\$	\$		
	\$	\$		

4 D, E, F, and G need only be answered for new business submissions

D. Please list the names of any of your employee welfare or pension plans to be included and the number of trustees and plan officials in each: Please check if none.

Name of Plan	No. of Trustees and Plan Officials

E. Prior Fidelity Coverage to be superseded. Check if none.

Form of Bond or Policy	Effective Date	Amount	Name of Insurer

F. Has any Employee Dishonesty insurance carried by the applicant been declined or cancelled within the last six years by an insurer?

Yes No If answered affirmatively, attach separate sheet with explanation

G. Losses (past six years): Give dates losses discovered. Check if none.

Date	Amount	Type of Loss

The employees of the applicant have all, to the best of the applicant's knowledge and belief, while in the service of the applicant, always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgement of the applicant indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the applicant may now have in respect to his own personal acts or conduct, unknown to the applicant, is not imputable to the applicant.

NOTICE TO NEW YORK STATE 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.

Underwritten by:
National Union
Fire Insurance Company
of Pittsburgh, Pa
 70 Pine Street
 New York, NY 10270

 SIGNATURE OF PRINCIPAL OR OFFICER

 TITLE

 DATE

(11/08/07)