

**THIS IS AN APPLICATION FORM FOR A CLAIMS FIRST MADE AND REPORTED POLICY**

**INSTRUCTIONS:**

- 1) Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.
- 2) Application must be dated and have an authorized signature.
- 3) **Please attach a copy of the Client Service Agreement**
- 4) PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.

**I. General Information**

A. Name and address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Person to contact: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

C.  Sole Proprietor    Corporation    Partnership  
 Joint Venture    Franchise    Other (Please specify)  
 \_\_\_\_\_

D. Nature of Business:      PEO \_\_\_\_%      Temporary Staffing \_\_\_\_%      NAICS Code: \_\_\_\_

E. Please answer the following three (3) questions, including any subsidiaries, for the most recent fiscal year end:

i) What are the Applicant's:

Current assets?	\$		Current liabilities?	\$	
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Total assets?	\$		Total liabilities?	\$	
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Total Gross Revenues?	\$	
Total Net Revenues?	\$	
Total Payroll?	\$	

ii) Does the Applicant currently have:    Net Income     or  
    Net Loss          
    Amount \$ \_\_\_\_\_

iii) Does the Applicant currently have:    Positive Cashflow  or  
    Negative Cashflow   
    Amount \$ \_\_\_\_\_

F. How long has the Applicant been in business? \_\_\_\_\_ Years

G. How long has the Applicant been under current management? \_\_\_\_\_ Years

H. Limits requested    From \$500,000/\$500,000 aggregate to \$10,000,000/\$10,000,000 aggregate

EPL\_\_\_\_\_ PL\_\_\_\_\_ GL\_\_\_\_\_

I. Retention requested: \$ \_\_\_\_\_ (Minimum US \$5,000)

J. Effective date requested: \_\_\_\_\_

K. Has the Applicant acquired any companies in the past two (2) years?  Yes  No

L. With respect to acquired companies, were any employees or officers terminated or does the Applicant plan in the next eighteen (18) months to terminate any employees or officers?  Yes  No  
If so, how many? \_\_\_\_\_

*(If you have answered YES to either K or L above, please provide details on a separate sheet)*

M. Does the applicant anticipate any plant, facility, branch or office closings, consolidations, or layoffs affecting 20% or more of the employees in any 60 day period within the next eighteen (18) months?  Yes  No

*(If YES, please provide details on separate sheet)*

N. Has the proposed coverage ever been purchased before, whether specifically or as a subsection or addition to another coverage?  Yes  No

	Year	Renewal Date	Carrier	Limit	Retention	Premium
EPL	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
PL	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
GL	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

O. Retroactive Date PL\_\_\_\_\_ EPL\_\_\_\_\_

P. Has any insurer ever canceled or non-renewed this type of coverage?  Yes  No  
*(If YES, please provide details on separate sheet)*

**II. Loss History - EPL**

A. Furnish loss history (5 years) for all discrimination, harassment claims and any claims involving the Applicants employment decision to hire, fire, promote or demote, a current, former or prospective employee.

None  See attached

Total number of claims in the last 5 years

**PLEASE PROVIDE A FULL DESCRIPTION OF EACH CLAIM ON A SEPARATE SHEET.**

B. Has any Director, Officer, Manager, Supervisory Employee or Partner knowledge of any circumstances, at the date this Application is signed, which could reasonably give rise to a claim or any reasonable way to foresee that a claim may be brought?  Yes  No

**PLEASE PROVIDE A FULL DESCRIPTION OF ANY CIRCUMSTANCE ON A SEPARATE SHEET.**

*For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim may be brought against you if a current or former employee or an applicant for employment has expressed dissatisfaction with the employment relationship or the employment application process by:*

i) Making a formal complaint to a supervisory employee of discrimination, harassment or unfair employment practices;

ii) Threatening to hire an attorney;

iii) Asking for a severance package in excess of what is being offered;

iv) Complaining of discrimination, harassment or unfair treatment and threatening to do something about it; or

v) Frequent complaining of discrimination, harassment or unfair treatment.

- C. Has the applicant been involved in any charges, inquiries, investigations, grievance or other hearings before the Equal Employment Opportunity Commission or any other governmental agency?  Yes  No

(If you answer YES, please provide details on a separate sheet)

**The Applicant acknowledges that any claims or incidents reported in, or that should have been reported in, this Section II will be excluded from coverage**

### III. [Employees](#)

- A. Number of Staff Employees:

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ (Last year)

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ (This year)

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ (Anticipated next year)

- B. Number of Leased Employees:

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ (Last year)

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ (This year)

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ (Anticipated next year)

- C. Number of Client Companies:
- |              |       |
|--------------|-------|
| Last Year    | _____ |
| Current Year | _____ |
| Next Year    | _____ |

- D. List the top five states in which you operate and the percentage of total employees in those states:

	<u>State</u>	<u>% of Total Employees</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

- E. List the top five industries to which your employees are assigned and the percentage of total employees in those industries:

	<u>Industry</u>	<u>% of Total Employees</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

F. List your three largest client companies, their specific industry, and the number of employees assigned:

	<u>Client Company</u>	<u>Industry</u>	<u>Number of Employees</u>	<u>Payroll</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

H. Salary ranges (including bonuses and commissions) of Staff and Leased Employees:

	Number of full time employees	Number of part time employees
\$20,000 or less:	_____	_____
\$20,001 to \$50,000	_____	_____
\$50,001 to \$100,000	_____	_____
\$100,001 to \$200,000	_____	_____
\$201,000 and over	_____	_____

I. Does the Applicant use temporary employees?  Yes  No

If so, please advise number of temps utilized and total billable hours: \_\_\_\_\_  
\_\_\_\_\_

Are these employees included in A and B above?  Yes  No

J. In the last 12 months how many officers have left your employ?

Of the above: how many left voluntarily? \_\_\_\_\_  
how many were terminated? \_\_\_\_\_

K. In the last 12 months how many other employees have left your employ? \_\_\_\_\_

Of the above: how many left voluntarily? \_\_\_\_\_  
how many were terminated? \_\_\_\_\_

L. Is the Applicant a Member of any professional organizations? Please list \_\_\_\_\_

IV. Human Resources

A. Does the Applicant have a Human Resources Department?  Yes  No

If the Answer to (A) is Yes, how many employees are in the Human Resources Department? \_\_\_\_\_

If the Answer to (A) is No, who handles this function and what is their title? \_\_\_\_\_

B. Does the Applicant establish at-will employment relationships with **all** employees without a written employment agreement?  Yes  No

- C. Have the Applicant's managers and/or supervisors attended training and education programs/seminars on sexual harassment within the last 12 months?  Yes  No
- If YES, who has attended? \_\_\_\_\_
- If YES, who conducts? \_\_\_\_\_
- If NO, is applicant willing to implement such training?  Yes  No
- D. Does the Applicant have its employment policies/procedures reviewed by labor relations counsel annually/bi-annually?  Yes  No
- If NO, is the Applicant willing to do so?  Yes  No
- E. Does the Applicant publish an employment handbook?  Yes  No
- If NO, is Applicant willing to do so?  Yes  No
- If YES, does the Applicant distribute it to all employees (including Leased)?  Yes  No
- If YES, do employees sign for receipt/acceptance (including Leased)?  Yes  No
- F. Has the Applicant implemented anti-sexual harassment policies/procedures?  Yes  No
- G. Does the Applicant require all terminations to be reviewed by:
- Upper Management or owners of the Client Company  Yes  No
- or PEO HR Department  Yes  No
- or its Legal Department?  Yes  No
- or outside counsel?  Yes  No
- If NO, is Applicant willing to do so?  Yes  No
- H. Does the Applicant maintain a personnel file for each employee?  Yes  No
- I. Does the Applicant have any written grievance or complaint procedures (including complaints of discrimination or harassment)?  Yes  No
- If NO, is Applicant willing to implement such procedures?  Yes  No
- J. Does the Applicant have written job descriptions for all or most job classifications and require Client Companies to do this also?  Yes  No
- K. Does the Applicant regularly consult with a labor relations counsel?  Yes  No
- If YES, who is your labor relations counsel? \_\_\_\_\_
- How is this person/firm utilized? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- L. Does the Applicant have a formal employment contract with an Employee ?  Yes  No
- If yes, are the employment contract(s) created and reviewed by outside counsel?  Yes  No

Total number of Employees with formal employment contracts: \_\_\_\_\_

Total value of all contracts \$ \_\_\_\_\_

Total value of the largest contract \$ \_\_\_\_\_

M. Does the Applicant utilize arbitration for employment related claims?  Yes  No  
Is it mandatory?  Yes  No

N. Does applicant have a Drug Free Workplace Policy?  Yes  No

**V. Professional Liability**

1. Please describe the Professional Services you perform for your clients:

<input type="checkbox"/> Hiring/Firing	<input type="checkbox"/> HR Training	<input type="checkbox"/> Safety Training
<input type="checkbox"/> Payroll	<input type="checkbox"/> Health Benefits	
<input type="checkbox"/> Benefit Administration	<input type="checkbox"/> Workers Compensation	
<input type="checkbox"/> Other Insurance	<input type="checkbox"/> Retirement Plans	
<input type="checkbox"/> Claims Administration		
Other (please describe) _____		

2. Do you use any outside providers for professional services? \_\_\_\_\_No\_\_\_\_\_Yes

3. Do you have written contracts with all clients?\_No\_\_\_\_\_Yes (Please provide sample of stated)

4. Does your contract include:

Guarantees or warranties? \_\_\_\_\_No\_\_\_\_\_Yes  
Hold Harmless Agreements to your benefit? \_\_\_\_\_No\_\_\_\_\_Yes  
Hold Harmless Agreements to the clients benefit? \_\_\_ No\_\_\_\_\_Yes  
Specific description of services to be provided to the client.No\_\_\_\_\_Yes

5. List the types of insurance and limits for each that you require your clients to maintain:

\_\_\_\_\_

6. Has the applicant filed and paid all required state and federal tax deposits, insurance contributions to workers compensation carriers and other employee benefits payments have been made as is required? \_\_\_\_\_No\_\_\_\_\_Yes

7. Are you aware of any facts or circumstance that could arise in a claim for Professional Liability?\_No\_\_\_\_\_Yes

8. During the past 5 years has any professional liability claim been made against you or any director, officer, employee or partner of the company?\_\_\_\_\_No\_\_\_\_\_Yes (If YES list status of all claims including date, allegation, loss amount, defense cost and disposition of each)

**VII. General Liability**

(A) 1. Number of locations or branch offices including the main office (please attach schedule of location that includes complete address and square footage for each location)

\_\_\_\_\_

2. Does Applicant design or produce any products, structures or production systems? \_\_\_No\_\_\_\_\_Yes (If Yes please describe)

\_\_\_\_\_

3. Please list any additional interests or certificate recipients which you want added as additional insured:\_\_\_\_\_

\_\_\_\_\_

4. Do you sponsor any sporting or social events?\_No\_\_\_\_\_Yes

(B) 1. Employment Benefits Liability

Does applicant desire this coverage? No Yes

Does Applicant administer/ handle pension/ retirement plans for leased employees? No Yes

If 'YES' Please provide details: \_\_\_\_\_  
\_\_\_\_\_



(C) 1. Non-Owned & Hired Auto

Does Applicant desire this coverage?  No  Yes

If yes, please answer the following:

Total Number of All Employees: \_\_\_\_\_

Do you place your Temp employees as drivers of:

a) Automobiles  No  Yes

b) Trucks  No  Yes

Are all drivers required to maintain their own Auto Insurance?  No  Yes

Does Applicant subcontract 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 statement 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

**IX. [Previous Insurance Information](#)**

1. 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?  No  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

**X. [Other Material Facts](#)**

A. Please declare any Material Facts on a separate sheet;  None  See attached

*A Material Fact is one likely to influence assessment of this risk, the premium charged and the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material you should declare it. All the information requested in this proposal is material.*

**The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.**

**The Applicant on behalf of the Proposed Insureds further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify us of such change. Signing of this application does not bind Underwriters to offer nor the Applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.**

_____	_____	_____
Date	Applicant's Authorized Signature of a Principal Partner or Shareholder	Title
_____	_____	_____

Date

Applicant's Authorized Signature of Individual In Charge of Human  
Resources or Personnel Department or Signature of 2nd Authorized Person

Title

\* Please ensure that additional information for the following questions is attached where applicable:

**Section I:** L & M - Acquired companies.  
N - Anticipated layoffs.  
P - Canceled/non-renewed coverage.

**Section II:** A - Claims history for the last 5 years.  
B - Circumstances which could foreseeably give rise to a claim.  
C - E.E.O.C. or other governmental agency charges, inquiries, investigations etc.

**Section X:** A - Any additional Material Facts.