



STAFFING SERVICES
PROFESSIONAL LIABILITY/GENERAL LIABILITY APPLICATION

THIS IS NOT A BINDER
ALL OPERATIONS MUST BE DECLARED - ALL QUESTIONS MUST BE ANSWERED

Effective Date Requested \_\_\_\_\_ Date Quotation Desired: \_\_\_\_\_

\$100,000/300,000 policy aggregate
\$200,000/600,000 policy aggregate
\$500,000/500,000 policy aggregate
\$1,000,000/1,000,000 policy aggregate
\$1,000,000/2,000,000 policy aggregate
\$1,000,000/3,000,000 policy aggregate

Deductible: \_\_\_\_\_ 1,500 \_\_\_\_\_ 2,500 \_\_\_\_\_ 5,000 \_\_\_\_\_ 10,000 \_\_\_\_\_ 25,000 \_\_\_\_\_ 50,000

- 1. Applicant (include all names) \_\_\_\_\_
2. Full Business Address \_\_\_\_\_
3. Contact Person \_\_\_\_\_
4. Telephone \_\_\_\_\_ 5. Number of Years in Operation \_\_\_\_\_
5. What organization or associations is applicant a member of? \_\_\_\_\_
6. Applicant is \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_
7. Gross Annual Revenue: \_\_\_\_\_ Net Annual Revenue: \_\_\_\_\_
8. \_\_\_\_\_ Independent \_\_\_\_\_ Franchisor \* \_\_\_\_\_ Franchisee \* \*Attach copy of the franchising agreements
9. Owner (if partnership, list all partners) \_\_\_\_\_
10. Industry of specialization (if any) \_\_\_\_\_
11. Attach a list of all offices, showing full addresses percentage of ownership and all trading names.
12. Does applicant place temps out of state? \_\_\_\_\_ Yes \_\_\_\_\_ No
Out of country? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please describe locations, type of clients and type of placements: \_\_\_\_\_

13. Describe screening process to determine applicants' suitability (background/reference checks, criminal history, etc.) including controls/testing used where specific skills required:

14. Do you require that clients with whom you assign professional employees (accountants, attorneys, architects, engineers, medical staff) provide proof of professional liability insurance (including temps) of at least \$1,000,000? \_\_\_\_\_ Yes \_\_\_\_\_ No

15. Please provide gross payroll for two most recent calendar years and percentage. If new business, provide first-year projections.

		Payroll	Percentage of Number of Placements	Payroll	Percentage of Number of Placements
		20____	20____	20____	20____
<b>GROUP I</b>					
a. Clerical	Mail/Inventory	_____	_____	_____	_____
	Messenger	_____	_____	_____	_____
	Typing/Filing	_____	_____	_____	_____
	Secretarial	_____	_____	_____	_____
	Other	_____	_____	_____	_____
	(specify)	_____	_____	_____	_____
b. Financial	Bank Tellers	_____	_____	_____	_____
	Bookkeepers	_____	_____	_____	_____
	Financial Clerks	_____	_____	_____	_____
c.	Word Processing				
	Data Entry Clerks	_____	_____	_____	_____
	Keypunch Operators	_____	_____	_____	_____
	Word Processors	_____	_____	_____	_____
d.	Blue Collars	_____	_____	_____	_____
<b>Describe</b>	<hr/>				
<b>GROUP II</b>					
<b>Programmers</b>		_____	_____	_____	_____
<b>GROUP V</b>					
<b>Accountants</b>		_____	_____	_____	_____
<b>Engineers</b>		_____	_____	_____	_____
<b>Architects</b>		_____	_____	_____	_____
<b>GROUP VI</b>					
<b>Attorneys</b>		_____	_____	_____	_____

**Staffing Services – Complete this page only for Medical Staffing**

16. Miscellaneous Medical and Home Care:

A. To what types of facilities is staff provided? \_\_\_\_\_  
 If hospitals, what specialty? \_\_\_\_\_  
 If nursing homes, what is % of total payroll: \_\_\_\_\_

B. Do you prepare job descriptions/ manuals for your staff or do your clients do this? \_\_\_\_\_

C. Do you maintain records of specific areas of experience of each professional? \_\_\_\_\_ Yes \_\_\_\_\_ No

D. Do you require that the individual professionals carry their own coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

E. Describe your procedure for assigning/matching medical staff to clients: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

F. Services provided:

	Type	No. of Employees	Annual Payroll	Type	No. of Employees	Annual Payroll
<b>Group III</b>	Companion	_____	_____	Nurses Aide	_____	_____
	Homemaker	_____	_____	Orderly	_____	_____
	Hm. Hlth. Aide	_____	_____			
<b>Group IV</b>				Occupational Therapist	_____	_____
	Babysitter	_____	_____			
	Dental Assistant	_____	_____	Physical Therapist	_____	_____
	Dental Hygienist	_____	_____	Social Worker	_____	_____
	Governess	_____	_____	Speech Pathologist	_____	_____
	Nanny	_____	_____	Speech Therapist	_____	_____
<b>Group V</b>	Nurse	_____	_____	Respiratory Therapist	_____	_____
	Dietician	_____	_____	Pharmacist	_____	_____
	X-Ray, MRI ,Radiology Technician	_____	_____	Medical Lab Technician	_____	_____
	Nutritionist	_____	_____	Phlebotomist	_____	_____
	Medical Asst.	_____	_____			

G. Do you contract for services from any outside nursing firms or Nurses Registry? \_\_\_\_\_ Yes \_\_\_\_\_ No

H. Do you obtain Certificate of Insurance from the outside nursing firms or Nurses Registry? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Staffing Services**

17. Do you require that all acts, errors or omissions which might result in an insurance claim be reported to you? \_\_\_ Yes \_\_\_ No  
Do you maintain records of such reports? \_\_\_ Yes \_\_\_ No
18. Please describe all associated services provided, i.e. perm placement, career counseling, outplacement, retainer work, resume writing , executive search, PEO, other: \_\_\_\_\_

**PROFESSIONAL LIABILITY INSURANCE CLAIMS & INCIDENT HISTORY**

1. Has any company canceled, declined to renew, or refused insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, explain \_\_\_\_\_
2. Is applicant aware of any circumstances which might give rise to a claim? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Furnish details of all Staffing Services Professional Liability Claims against the Applicant within the last 5 years. (Please include all demands and lawsuits, as well as all charges, inquiries, investigations, or other proceedings). Use separate sheet if necessary  
If none so state \_\_\_\_\_

Date	Pd. Defense	Pd. Indem.	Res. Defense	Res. Indem.	Description

4. Does any director, officer, partner, shareholder, principal, or employee with personnel responsibility have knowledge of any circumstances that could give rise to a Claim as described in 3. above, or in any other way suspect that such a Claim may be brought? \_\_\_ Yes \_\_\_ No
5. CURRENT STAFFING SERVICES PROFESSIONAL LIABILITY INSURANCE

\_\_\_\_\_

\_\_\_\_\_

**GENERAL LIABILITY**

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)

Address	Square Footage
_____	_____
_____	_____
_____	_____
_____	_____

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

5. Limit Options:

\_\_\_\_\_ \$100,000/300,000 policy aggregate                      \_\_\_\_\_ \$1,000,000/1,000,000 policy aggregate  
\_\_\_\_\_ \$200,000/600,000 policy aggregate                      \_\_\_\_\_ \$1,000,000/2,000,000 policy aggregate  
\_\_\_\_\_ \$500,000/500,000 policy aggregate                      \_\_\_\_\_ \$1,000,000/3,000,000 policy aggregate

### GENERAL LIABILITY INSURANCE CLAIMS & INCIDENT HISTORY

6. Has any company canceled, declined to renew, or refused insurance?  Yes  No

If Yes, explain \_\_\_\_\_

Is applicant aware of any circumstances which might give rise to a claim?  Yes  No

Furnish details of all Staffing Services General Liability Claims against the Applicant within the last 5 years. (Please include all demands and lawsuits, as well as all charges, inquiries, investigations, or other proceedings). Use separate sheet if necessary

If none so state \_\_\_\_\_

Date	Pd. Defense	Pd. Indem.	Res. Defense	Res. Indem.	Description

Does any director, officer, partner, shareholder, principal, or employee with personnel responsibility have knowledge of any circumstances that could give rise to a Claim as described in 3. above, or in any other way suspect that such a Claim may be brought?  Yes  No

### 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: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT BENEFITS LIABILITY INSURANCE CLAIMS & INCIDENT HISTORY

Has any company canceled, declined to renew, or refused insurance? \_\_\_\_ Yes \_\_\_\_ No  
 If Yes, explain \_\_\_\_\_

Is applicant aware of any circumstances which might give rise to a claim? \_\_\_\_ Yes \_\_\_\_ No

Furnish details of all Staffing Services General Liability Claims against the Applicant within the last 5 years. (Please include all demands and lawsuits, as well as all charges, inquiries, investigations, or other proceedings). Use separate sheet if necessary

If none so state \_\_\_\_\_

Date	Pd. Defense	Pd. Indem.	Res. Defense	Res. Indem.	Description

Does any director, officer, partner, shareholder, principal, or employee with personnel responsibility have knowledge of any circumstances that could give rise to a Claim as described in 3. above, or in any other way suspect that such a Claim may be brought? \_\_\_\_ Yes \_\_\_\_ No

## HIRED AND NON-OWNED AUTO LAIBILITY INSURANCE COVERAGE

1. Does applicant desire this coverage?  Yes  No
2. Does the applicant own any vehicles?  Yes  No
3. Has the applicant ever supplied or been responsible for temporary or leased employees assigned to drive a taxi, limousine, bus, van, emergency or Para transit vehicle, or truck?  Yes  No
4. Will the applicant ever accept assignments for temporary or leased employees where the job description includes, in whole or in part, driving the employees' owned vehicle or the vehicle of a client or other third party?  
 Yes  No If "Yes", please describe assignments that are acceptable to the applicant:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. How many Temporary or Leased Employees were engaged in driving activities in the last year and the payroll was attributable to this exposure?  
  
 Number of Drivers: \_\_\_\_\_ Payroll: \_\_\_\_\_ USD \_\_\_\_\_
6. Does the applicant assume liability in any contract or agreement with respect to hired or non-owned automobiles?  
 Yes  No If "Yes", does the applicant wish to insure any such contract or agreement?  Yes  No

**NOTE: FAILURE TO DISCLOSE ANY SUCH CONTRACT OR AGREEMENT REGARDLESS OF ITS TERM, WILL RENDER ANY COVERAGE OFFERED BY US VOID WITH RESPECT TO THAT CONTRACT OR AGREEMENT.**

7. a. How many employees currently utilize their own personal vehicle on behalf of the Insured Company? \_\_\_\_\_
- b. Please describe typical situations in which employees drive their own or rented vehicles, and typical distances, i.e., sales calls within a 10 mile radius from the office; and include details of frequency of use.

---



---



---

c. Do you agree to obtain and maintain copies of personal auto insurance policies with limits of liability of at least \$100,000/\$300,000 from all employees who use their vehicles on behalf of the Insured Company and update this information annually?  Yes  No

d. Do you currently obtain motor vehicle reports for all employees using their vehicles on behalf of the Insured Company?  Yes  No  
 If "No", do you agree to obtain motor vehicle reports for all employees using their vehicles on your behalf within 30 days of the inception date of the proposed policy?  Yes  No

8. Has any company canceled, declined to renew, or refused insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If Yes, explain \_\_\_\_\_

9. Is applicant aware of any circumstances which might give rise to a claim? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Furnish details of all Hired and Non-Owned Auto Liability Claims against the Applicant within the last 5 years. (Please include all demands and lawsuits, as well as all charges, inquiries, investigations, or other proceedings). Use separate sheet if necessary

If none so state \_\_\_\_\_

Date	Pd. Defense	Pd. Indem.	Res. Defense	Res. Indem.	Description

11. Does any director, officer, partner, shareholder, principal, or employee with personnel responsibility have knowledge of any circumstances that could give rise to a Claim as described in 3. above, or in any other way suspect that such a Claim may be brought? \_\_\_\_\_ Yes \_\_\_\_\_ No

**NOTE: FAILURE TO OBTAIN MOTOR VEHICLE REPORTS FOR ANY EMPLOYEE USING THEIR VEHICLE ON YOUR BEHALF WILL VOID COVERAGE WITH RESPECT TO THAT EMPLOYEE'S OPERATION OF ANY MOTOR VEHICLE.**

12. Please provide your largest states of operation (maximum of five), including states where no offices are located but services are provided, and the percentage of your overall operation's revenue that is generated in the state:

1. \_\_\_\_\_ %
2. \_\_\_\_\_ %
3. \_\_\_\_\_ %
4. \_\_\_\_\_ %
5. \_\_\_\_\_ %

**INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION**

The undersigned hereby applies for Insurance Coverage as set forth in this application and the various attached applications, and affirms that the statements and representations made herein are to the best of his knowledge true.

**FRAUD WARNING**

*This Application does not bind the Company or Applicant, nor does it obligate the Company to insure Applicant services or issue a policy. If a policy is issued, the Company may cancel such policy upon discovery of fraudulent statements, omission or concealment of the facts material to the acceptance by the Company.*

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.

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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

**Attachments (mandatory): Front & back of time card, standard client contract, principal(s)' resume if in business less than 3 years.**

Producing Agency: \_\_\_\_\_ Are you the current broker on this account? \_\_\_Yes \_\_\_ No

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_