

TEMPORARY STAFFING AGENCY NEW BUSINESS APPLICATION - MA

Name of Applicant:
 Address:
 City: State: Zip:
 Website: E-Mail:
 Date Established: Telephone Number:
 Risk Management Contact: Risk Management's Phone:
 Risk Management Email:

SUBMISSION REQUIREMENTS

- Currently valued insurance company loss runs for the current policy period plus three (3) prior years
- ACORD Applications
- Completed signed/dated Temporary Staffing Agency Combined Supplemental Application
- Workers Comp class codes and estimated payroll breakdown
- New Ventures must provide a business plan inclusive of Applicant experience

Whenever used in this Application the term Applicant shall mean the Named Insured / Named Entity / Private Company and its subsidiaries. Certain coverages addressed in this Application are provided on a Claims Made and Reported basis, please read your policies carefully. Employee includes permanent and staffed / temporary placed employees.

SECTION I – GENERAL INFORMATION

1. Please provide a breakdown of the Applicant's Corporate Employees, Temporary Placements, Recruiting, PEO/ASO Operations:

	Prior Year Actual	Next Fiscal Year Projection
Total Number of Full Time Corporate Employees (In House)		
Total Number of Part Time Corporate Employees (In House)		
Total Number of Independent Contractors (In House)		
Corporate Employee Payroll (In House)		
Number of Contract/Temporary Placements		
Total Payroll of all Contract/Temporary Placements (do not include leasing payroll)	\$	\$
Number of Worksite Employees (PEO/ASO only)		
Worksite Employees Payroll (PEO/ASO only)	\$	\$
Total Gross Receipts (deducting pass through payroll)	\$	\$
Direct Hire Percentage of Total Revenue	%	%
Total Percentage of Employees located in CA (Contract/Temporary/PEO/ASO)	%	%

2. How many of the Applicant's Corporate Employees have been terminated or demoted in the past twelve (12) months? Voluntary: Involuntary: Laid Off:
3. Is any reduction in corporate employees anticipated within the next year? Yes No
4. Provide a breakdown of the types of staffing services offered to the Applicant's clients

Administrative/ Clerical*	%	Daycare	%
Executive	%	Attorneys	%
Computer/IT Services	%	Construction/Carpentry/Skilled Labor	%
Financial/Accounting Professionals	%	Drivers/Transportation	%
Janitorial	%	Nanny Services	%
Light Industrial / Warehouse / Factory	%	Heavy Industrial	%
Security Services (Unarmed)	%	Security Services (Armed)	%
Architects/Engineers without Signoff Authority	%	Architects/Engineers with Signoff Authority	%
Hospitality	%	Healthcare (excluding Doctors and Dentists)	%
Teachers/Teacher Aides	%	Doctors/Dentists	%

**The following placements should be categorized as clerical, not IT or Financial/Accounting Professionals – accounting clerks, bookkeepers, billing clerks, medical billers/coders, filing, receptionists, data entry services.*

5. Does the Applicant now, or will the Applicant place their employee(s) in a position which requires the employee(s) to operate:
- a. cranes, bulldozers, or trucks over 4,000 lbs.? Yes No
- b. aircraft or watercraft? Yes No
6. Does the Applicant transport temporary staffing employees to job sites? Yes No
- If yes, please include a list of drivers along with respective dates of birth and answer the following:
- Does the Applicant perform MVR checks at time of hire for drivers? Yes No
- Does the Applicant perform annual MVR checks thereafter? Yes No
7. Does the Applicant specialize in clinical trial placements by recruiting participants or setting up the trials? Yes No
8. Does the Applicant have a hold harmless agreement in favor of the Applicant with its client companies regarding liability for employment actions of the client company? Yes No
9. Does the Applicant:
- a. have a standard employment application for all job applicants? Yes No
- b. have an employment handbook? Yes No
- c. document the receipt of the employee handbook by the employee? Yes No
- d. have an At Will provision in the employment application? Yes No
- e. have a written policy with respect to sexual harassment? Yes No
- f. have a written policy with respect to discrimination? Yes No
10. Does the Applicant have a human resource department? Yes No
- If no, describe how the function is handled:
11. Does the Applicant conduct a prior employment check on all new hires? Yes No
12. Does the Applicant conduct criminal background checks? Yes No
13. Is the Applicant involved in any franchise operations? Yes No

SECTION II – LIABILITY

1. Employment Practices Liability (EPL)

- | | | |
|-----------------------------|-----|----|
| a. Quote requested? | Yes | No |
| b. Limit Requested: \$ | | |
| c. Deductible requested: \$ | | |

SECTION III – POLICY INFORMATION

Coverage	Carrier	Limit	Deductible	Expiration Date	Effective Date	Premium
Employment Practices Liability		\$	\$			\$

SECTION IV – GENERAL SUMMARY

- | | | |
|---|-----|----|
| 1. With respect to the coverage addressed in this application, has any Underwriter refused, canceled, or non-renewed coverage? | Yes | No |
| 2. With respect to the coverage addressed in this Application, has the Underwriter indicated any intent to not offer renewal terms to the Applicant? | Yes | No |
| 3. Has the Applicant given written notice under the provisions of any prior policies providing similar insurance of claims, or of specific facts or circumstances which might give rise to a Claim being made against any person or entity applying for this insurance? | Yes | No |
| 4. No person applying for Employment Practice Liability (EPL) coverage is aware of any facts or circumstances that may give rise to a Claim under these coverages. None,
or as noted below: (provide attachment if necessary) | | |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER