



Staffing Services Corporate Identity Protection Supplemental Application

Please complete this Supplemental Application if you are applying for the Staffing Services Corporate Identity Protection Enhanced Coverage Endorsement as a part of the Insurance Application.

If more space is needed, please attach separate sheet(s) to this application to provide complete answers.

1. Current Year Projected Annual Payroll of all Temporary Placements: \$ _____
2. Temporary Placement Payroll for the next 12 months by Job Class. Please indicate applicable percentage in column 1 below.
3. a. Does the **Applicant** conduct full background checks, including criminal convictions, for all staff including temporary placements? Please indicate in columns 2 to 6 as appropriate for each job class.

Column Number:	1	2	3	4	5	6
JOB CLASS	Question 2: PERCENT OF PLACEMENT PAYROLL	Question 3. a. BACKGROUND CHECKS PERFORMED				
		Yes, always	No, never	Only when requested by client	Other times, please describe below	Not applicable
Clerical	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Industrial and Factory, including Drivers	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy Industrial and Construction	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountants, Bookkeepers, Billing Clerks, Payroll Clerks	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Technology	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorneys	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare & Medical Workers	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Architects & Engineers	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Box 5 – please provide details:

3. b. If background checks are performed, how are they conducted and by whom?

3. c. When background checks are performed, what determines how many years are checked?

Client's requirement

Applicant's policy

Laws and statutes

Other:

4. Temporary Placement Payroll for the next 12 months by Industry of Client Companies:

Industry of Client Companies	Percent
Telecommunications, ISP, Financial Institution or Credit Bureaus:	%
Retail, Passenger Transportation, Mortgage Brokers, Online Information Services, Data Processors, Third Party Administrators, Tax Preparation, Temporary Help, Telemarketing, Collections Agencies, Colleges & Universities, Health Care and Social Assistance:	%
Utilities, Postal & Courier Services, Information Services on Online, Insurance Companies, Insurance Brokers & Agents, Rental & Leasing Services, Legal Services, Accounting Services other than Primarily Tax, Computer Services, Human Resources Consulting, Travel Agencies, Educational Services other than Colleges & Universities, Hotels Restaurants, Casinos , and Other Services:	%
Other:	%

BY SIGNING BELOW, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF THE APPLICANT STATES AND REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT IN THIS APPLICATION OR ATTACHMENT, SHALL BE GROUNDS FOR THE RESCISSION OF ANY POLICY ISSUED. SHOULD INSURER ISSUE A POLICY, APPLICANT AGREES THAT SUCH POLICY IS ISSUED IN RELIANCE UPON THE TRUTH, COMPLETENESS, AND ACCURACY OF THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION OR ATTACHMENT, AND SUCH STATEMENTS AND REPRESENTATIONS ARE THE BASIS OF SUCH POLICY.

THE UNDERSIGNED, HEREBY AGREES, WARRANTS AND REPRESENTS THAT HE OR SHE IS A DULY AUTHORIZED REPRESENTATIVE OF THE APPLICANT, AND IS FULLY AUTHORIZED TO ANSWER AND MAKE STATEMENTS AND REPRESENTATIONS BY AND ON BEHALF OF THE APPLICANT.

Signed: _____ Date: _____
 Print Name & Title: _____ Company: _____