

TEMPORARY STAFFING AGENCY NEW BUSINESS APPLICATION - MA (Combined Commercial Package/ Management & Professional Lines)

Name of Applicant:
Address:
City: State: Zip:
Website: E-Mail:
Date Established: Telephone Number:
Services Provided: Temporary Staffing Direct Hire EOR/ Payrolling PEO
ASO VMS/ MSP
Is the Applicant involved in any business other than staffing? Yes No
If yes, please describe on a separate sheet.
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
- Copy of Client Services Agreement
- 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 Net Receipts (Gross Revenue 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 answer the following:

- a. Is the transport done through use of the Applicant's owned vehicles? Yes No
 If yes, please provide a copy of the Applicant's Auto Fleet policy, along with Names, Dates of Birth, and Driver License numbers for all drivers. If not and a Third Party is utilized, please provide a copy of the written agreement utilized with that vendor.
- b. Does the Applicant perform MVR checks at time of hire for drivers? Yes No
- c. 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
- g. Utilize technology to collect and store biometric information of employees or customers? 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. Professional Liability (E&O) | | | | | |
| a. | Quote Requested? | | | Yes | No |
| b. | E&O has been continuously in force since: | | | | |
| c. | Current form type: | Occurrence | Claims Made | | |
| | If Claims Made, current retroactive date: | | | | |
| d. | E&O limit requested: \$ | | | | |
| e. | Deductible requested: \$ | | | | |
| 2. General Liability | | | | | |
| a. | Quote requested? | | | Yes | No |
| b. | Limit Requested: | \$1,000,000/ \$2,000,000 | Other: \$ | | |
| | Damages to Premises Rented to the Applicant: | \$1,000,000 | Other: \$ | | |
| | Medical Expense: | \$10,000 \$25,000 | | | |
| c. | Bodily Injury/ Property Damage Deductible requested: | | | | |
| | \$1,000 | \$2,500 | \$5,000 | \$10,000 | Other: \$ |
| 3. Stop Gap Coverage | | | | | |
| a. | Quote requested? | | | Yes | No |
| b. | Total payroll in each monopolistic workers compensation state: | | | | |
| | North Dakota: \$ | | Ohio: \$ | | |
| | Washington: \$ | | Wyoming: \$ | | |
| 4. Employee Benefits Liability (EBL) Coverage | | | | | |
| a. | Quote requested? | | | Yes | No |
| b. | Each Act/ Aggregate Limit: | \$1,000,000/ \$2,000,000 | Other: \$ | | |
| c. | Deductible requested: | \$1,000 | Other: \$ | | |
| 5. Abuse and Molestation: | | | | | |
| a. | Quote requested? | | | Yes | No |
| b. | Does the Applicant's current insurance program include Abuse or Molestation Coverage? | | | Yes | No |
| c. | Does the Applicant provide child care on their premises? | | | Yes | No |
| d. | Does the Applicant place employees at: | | | | |
| | i. Day Care Centers? | | | Yes | No |
| | ii. Schools? | | | Yes | No |
| | iii. Facilities with infirmed elderly? | | | Yes | No |
| e. | If yes to question 5. c. or d., please complete the following: | | | | |
| | i. Does the Applicant have written procedures in force for dealing with sexual abuse? | | | Yes | No |
| | ii. Does the Applicant have a plan of supervision that monitors staff in day to day relationships, both on and off premises? | | | Yes | No |
| 6. Hired and Non-Owned Auto (HNOA) Liability | | | | | |
| a. | Quote requested? | | | Yes | No |
| b. | Does the Applicant obtain MVRs on all employees who drive for clients? | | | Yes | No |
| c. | Does the Applicant update MVRs every year for all drivers? | | | Yes | No |
| d. | Does the Applicant provide driver training or evaluation? | | | Yes | No |
| e. | Does the Applicant place any long-haul drivers? | | | Yes | No |
| f. | Does the Applicant place drivers that haul hazardous materials? | | | Yes | No |
| g. | Does the Applicant require placements to be added to the client auto policy? | | | Yes | No |
| 7. Employment Practices Liability (EPL) *EPL is not available monoline. | | | | | |
| a. | Quote requested? | | | Yes | No |
| b. | Limit Requested: \$ | | | | |
| c. | Deductible requested: \$ | | | | |
| d. | Current Retro Date: | | | | |

SECTION III - CRIME

Requested	Limit	Deductible
Insuring Agreement A1: Employee Theft and Client Coverage	\$	\$
Insuring Agreement A2: ERISA Fidelity	\$	\$
Insuring Agreement B: Forgery or Alteration	\$	\$
Insuring Agreement C: Theft, Disappearance & Destruction – Inside the Premises	\$	\$
Insuring Agreement D: Theft, Disappearance & Destruction – Outside the Premises	\$	\$
Insuring Agreement E: Money Orders and Counterfeit Paper Currency	\$	\$
Insuring Agreement F: Computer and Funds Transfer Fraud	\$	\$
Additional Insuring Agreement: Third Party – “Off Premises” Coverage	\$	\$

1. Are the Applicant’s financial statements prepared by an independent Certified Public Accountant on an annual basis? Yes No

2. Are the owners involved in the daily operations of the company? Yes No

3. Are two signatures required on checks? Yes No
 If yes, over what amount: \$
 If no, who has the authority to sign checks:

4. Do employees who reconcile bank statements also:
 - a. Sign checks? Yes No
 - b. Make withdrawals? Yes No
 - c. Make deposits? Yes No
 - d. Have access to bank checks? Yes No
 - e. Have access to computer systems that print checks? Yes No
 - f. Have access to facsimile, signature plate, or check signing machines? Yes No

5. Will any Contract/ Temporary Placements have access to client money, securities, banking systems, wire transfer systems or any sensitive computer data? Yes No

6. Will any Contract/ Temporary Placements transport money, securities, or other valuable property outside of their client's premises? Yes No
 If yes, please describe the type of property and value:

7. Will Contract/ Temporary Placements be supervised and/ or monitored by the Applicant’s clients when performing services on their premises? Yes No

SECTION IV – POLICY INFORMATION

Coverage	Carrier	Limit	Deductible	Expiration Date	Effective Date	Premium
General Liability		\$	\$			\$
Professional Liability		\$	\$			\$
Hired/ Non-Owned Auto		\$	\$			\$
Stop Gap		\$	\$			\$
EBL		\$	\$			\$
Abuse or Molestation		\$	\$			\$
Crime		\$	\$			\$
EPLI		\$	\$			\$

SECTION V – GENERAL SUMMARY

- | | | |
|---|-----|----|
| 1. With respect to the coverage addressed in this application, has any Underwriter refused, canceled, or non-renewed coverage? (Not applicable in Missouri) | 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? (Not applicable in Missouri) | 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) or Professional Liability (E&O) 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, PA, RI, TN, VA, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

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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
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)



CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:
Address of Applicant:
City:
Website: www:
Nature of Operations:

State: Zip:

-
1. Annual sales or revenue: \$

 2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

 3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

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PI-CYBE-APP (11/16)