



## TEMPORARY EMPLOYMENT AGENCY ERRORS & OMISSIONS APPLICATION

APPLICANT NAME:	
BUSINESS NAME:	
MAILING ADDRESS:	
INSURED ADDRESS:	<input type="checkbox"/> Same as above
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Municipality <input type="checkbox"/> For Profit <input type="checkbox"/> Joint Venture	
<input type="checkbox"/> Other: _____	

1. **Full description of services rendered.** Coverage will only apply to disclosed premises and operations. Attach all brochures and promotional materials and contracts:

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2. Provide full names of individual and partners: \_\_\_\_\_

3. Date your company was established: \_\_\_\_\_

4. Receipts for last 12 months: \$ \_\_\_\_\_

Receipts for next 12 months: \$ \_\_\_\_\_

5. Describe qualifications, experience, screening and training of employees: \_\_\_\_\_

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6. Do you or are you:

a) Engaged in any other professional activities not listed above?  No  Yes

b) Have ownership in other entities not listed?  No  Yes

c) Is your firm engage in construction, fabrication or production activities?  No  Yes

d) Do any of your employees hold professional licenses or certifications?  No  Yes

e) Utilize subcontractors?  No  Yes

*If your answer is YES to any of the above, please attach a separate sheet giving full details and explanation.*

Please furnish details of your five largest jobs in the last 5 years:

<u>Client</u>	<u>Details of Job</u>	<u>Gross Receipts</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

7. Does the applicant utilize a formal written Quality Assurance & Risk Management Program?  No  Yes  
 If no, explain. \_\_\_\_\_  
 Is the overall responsibility for Risk Management assigned to one individual in your firm?  No  
 Yes  
 If yes, explain. \_\_\_\_\_  
 If no, how these functions are monitored? \_\_\_\_\_

8. Indicate the following number of staff and percentage of receipts from placement:  
 Description of *employees or contracted* personnel:

**THIS SECTION MUST BE COMPLETED**

TEMPORARY AGENCIES	Number of Employees	Number of Contractors	Receipts for the Last 12 months	Receipts for the Next 12 months
Clerical				
Professional				
Trade				

For any professional/trade staff placed, please provide a description of the type of specialty: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EXECUTIVE SEARCH SERVICES	Last 12 months	Next 12 months
Number of Engagements		
Average Salary Level of Placement		
Trade		

13. Are employees/contractors references contacted before hired/placed?  No  Yes  
 How are references checked?      Written      Verbal       Both  
 If verbal only, please explain: \_\_\_\_\_  
 Do you question prospective employees as to any criminal record?  No  Yes  
 Do you verify certification and/or professional licensure status of employees and independent contractors?  No  Yes  
 Are employees screened to rule out drug, alcohol and/or sexual abuse?  No  Yes
14. Your premium is adjustable based on your total receipts. Our auditor will verify your total receipts.  
 Provide number of contact person: ( \_\_\_\_\_ )

(continued)

15. Has applicant had previous insurance for this enterprise?  No  Yes

If YES, please complete the following:

Insurance Company \_\_\_\_\_

Policy Period \_\_\_\_\_ to \_\_\_\_\_

Limits of Liability \_\_\_\_\_

Premium \$ \_\_\_\_\_ Type of Coverage: Occurrence Claims Made

Current Gen. Liability Carrier \_\_\_\_\_

Limits requested: 100/100 300/300 500/500 1/1 1 / 2 1/3

16. During the past five (5) years, have any claims been presented to your current or  No  
 Yes prior insurance carrier or to you?

If YES, please provide full details (Include description of claim, amounts paid, and reserves: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

17. Is the applicant, or any other person for whom insurance is being requested, aware of  No  Yes  
any circumstances which may result in a claim?

If YES, please provide full details (Include description of claim, amounts paid, and reserves: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

18. Has applicant, or any other person for whom coverage is being requested, had any  No  Yes  
application for liability insurance denied, policy canceled, or non-renewed in the past  
five (5) years?

If YES, please provide full details (Include description of claim, amounts paid, and reserves: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

\* not applicable in all states

Applicant's Signature ***\*Must have signature to quote***

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

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