**EMPLOYMENT AGENCIES (TEMPORARY CLERICAL OR RETAIL) APPLICATION**

|  |  |
| --- | --- |
| Applicant’s Name:    Mailing Address:    Location Address: | Agency Name:  Agent No:  Address:    E-mail:  Phone: |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture

Limited Liability Company  Other (Specify):

**Website Address:**

**E-mail Address:**       **Phone Number:**

**Limits Of Liability & Deductible Requested:**

|  |  |
| --- | --- |
| General Aggregate (other than Products/Completed Operations) | $ |
| Products & Completed Operations Aggregate | $ |
| Personal & Advertising Injury (any one person or organization) | $ |
| Each Occurrence | $ |
| Damage To Premises Rented To You (any one premise) | $ |
| Medical Expense (any one person) | $ |
| Other Coverage, Restrictions, and/or Endorsements: | $ |
| Deductible | $ |

|  |
| --- |
| **1. Description of operations:** |

Number of years in business:

Years of experience in this field:

**2. Does the applicant carry Workers’ Compensation?**  Yes  No

If yes, is coverage provided for temporary employees?  Yes  No

**3. Do any of the temporary employees hold professional licenses or certificates?**  Yes  No

If yes, describe:

**4. Are reference and background checks required on all temporary employees?**  Yes  No

**5. Is any assignment of temporary employees longer than six months?**  Yes  No

**6. Does applicant lease employees to others?**  Yes  No

**7. Advise percentage of:** Permanent Placement      % Temporary Placement      %

**8. Estimated annual (excluding owner):**

Payroll:       Receipts:       Subcontracted Cost:

**9. Provide payroll breakdown between:**

Clerical/Retail:       Non-Clerical/Retail:

**10. Provide payroll breakdown and percentage of operations for each of the following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Payroll** | **%** |  | **Payroll** | **%** |
| Accounting/Finance/Insurance |  |  | Farm Labor |  |  |
| Administrative |  |  | Food Service/Restaurants |  |  |
| Architects/Engineers |  |  | Hospitality |  |  |
| Attorneys/Paralegals |  |  | IT/Software Development/Help Desk |  |  |
| Banking |  |  | Janitorial Services |  |  |
| Bartenders/Bouncers |  |  | Machine Operators (skilled) |  |  |
| Biotech/Research/Science/Lab  Technicians |  |  | Machine Operators (unskilled) |  |  |
| Building Construction/Skilled Trade |  |  | Marketing |  |  |
| Clerical/Office |  |  | Modeling/Talent/Booking  Agencies |  |  |
| Client Care |  |  | Mortgage/Real Estate Brokers |  |  |
| Customer Support |  |  | Permanent Placement |  |  |
| Daycare/Nannies/Babysitting |  |  | Retail |  |  |
| Drivers/Truckers/Chauffeurs |  |  | Road Construction |  |  |
| Educational/Teachers |  |  | Security/Protective Services |  |  |
| Employee Leasing |  |  | Skilled Trade |  |  |
| Engineering |  |  | Other—Describe: |  |  |

**11. Schedule of Hazards:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Loc. No.** | **Classification Description** | **Class Code** | **Exposure** | **Premium Bases (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**12. Premises information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Exposure** | **Amount  Requested** | **Coins. %** | **ACV/Repl. Cost** | **Cause of Loss** | **Deductible** | **Special Conditions** |
| Building |  |  |  |  |  |  |
| Contents |  |  |  |  |  |  |
| Business  Interruption |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| Mortgagee or loss payee: | | | | | | |
| Additional coverages, restrictions and endorsement  information: | | | | Other carriers participating on risk:  1.            %  2.            % | | |

**13. Do all written contracts contain hold-harmless agreements in favor of the applicant?**  Yes  No

If no, explain when not required:

**14. Account history for prior five years and projected current year:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Payroll** | **Subcontracted Cost** | **Total Revenue** |
| Current |  |  |  |
| 1st Prior |  |  |  |
| 2nd Prior |  |  |  |
| 3rd Prior |  |  |  |
| 4th Prior |  |  |  |
| 5th Prior |  |  |  |

**15. Additional Insured Information:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Interest** |
|  |  |  |
|  |  |  |
|  |  |  |

**16. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**  Yes  No

|  |
| --- |
| If yes, describe: |

**17. During the past three years, has any company canceled, nonrenewed, declined or refused similar insurance to the applicant? (Not applicable in Missouri)**  Yes  No

|  |
| --- |
| If yes, explain: |

**18. Does applicant have other business ventures for which coverage is not requested?**  Yes  No

|  |
| --- |
| If yes, explain and advise where insured: |

**19. Prior Carrier Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Year: | Year: | Year: | Year: | Year: |
| Carrier |  |  |  |  |  |
| Policy No. |  |  |  |  |  |
| Coverage |  |  |  |  |  |
| Total Premium | $ | $ | $ | $ | $ |

**20. Loss History:**

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years.  **Check if no losses in the last five years**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Loss** | **Description of Loss** | **Amount Paid** | **Amount  Reserved** | **Claim Status (Open or Closed)** |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |

**21. Attachments listed below must be included with the applicants’ submission:**

**a.** Details of all losses in excess of ten thousand dollars ($10,000).

**b.** Workers’ Compensation schedule showing class codes.

**22. Does applicant have the following? (If yes, attach copy.)**

**a.** Independent contractor agreement?  Yes  No

**b.** Client service agreement?  Yes  No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE:

|  |
| --- |
| NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: |

|  |  |  |
| --- | --- | --- |
|  | **IMPORTANT NOTICE** |  |
|  |  |
| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning  character, general reputation, personal characteristics and mode of living. Upon written request, additional  information as to the nature and scope of the report, if one is made, will be provided. | | |