**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** | **Causeof Loss** | **Deductible** | **SpecialConditions** |
| 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** | **AmountPaid** | **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. |