



Mid Valley General Agency LLC
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EMPLOYMENT AGENCIES (TEMPORARY CLERICAL OR RETAIL) APPLICATION

Applicant's Name: _____ Mailing Address: _____ Location Address: _____	Agency Name: _____ Agent No: _____ Address: _____ E-mail: _____ Phone: _____
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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.