

Employment Agencies/Temporary Personnel Services

Errors and Omissions

1. Agency Code: _____ Agency: _____
 2. Phone: _____ Fax: _____ Web site: _____
 3. Producer: _____ E-Mail Address: _____
 4. Assistant: _____ E-Mail Address: _____

Application courtesy of <http://www.insurance-applications.com>

General Information:

5. Business Name (dba): _____
 6. Legal Name: _____ Years In Business: _____
 7. Mailing Address: _____ City: _____ State: _____ Zip: _____
 8. Physical Address: _____ City: _____ State: _____ Zip: _____
 9. Contact Person: _____ Phone: _____ Fax: _____
 10. Email Address: _____ Web site: _____
 11. Type of Entity: Individual Partnership Joint Venture Corporation Other: _____
 12. Effective Date: ____/____/____ Expiration Date: ____/____/____ Need By Date: ____/____/____

Underwriting:

13. Indicate the number and percentage of gross receipts derived from the following:

	Permanent Placements		Temporary Placements	
	No.	Pct.	No.	Pct.
Clerical	_____	_____ %	Clerical	_____ %
Professional	_____	_____ %	Professional	_____ %
Trade	_____	_____ %	Trade	_____ %
Other: _____	_____	_____ %	Other: _____	_____ %

14. Attach a list specifically identifying the types of positions being filled and indicate whether the clients are commercial business or private individuals.

15. If the Applicant makes temporary placements, are subcontractors ever utilized to perform the services required? Yes No

If yes, please submit the following

- a) Sample contract used with subcontractors
- b) A list of positions filled by subcontractors
- c) Describe the services to be performed with respect to each position

16. Does the applicant administer tests to job applicants? Yes No

If yes, please provide a detailed description including the types of tests and details of their administration:

17. Attach the following:

- a) Sample contract between Applicant and prospective employer
- b) Sample contract between Applicant and prospective employee
- c) Sample promotional material/brochures/advertisements used

Underwriting:

18. Is the Applicant controlled, owned or associated with any other firm, Corporation or Company, other than as stated above? Yes No
If yes, please give details _____

Application courtesy of <http://www.insurance-applications.com>

19. **Previous Coverage:** Please give particulars of previous similar Insurance carried:
(including earliest date of first coverage purchased)

Company	Policy Number	Limits	Deductible	Period (Including Dates)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

20. Has any application for similar Insurance made on behalf of the Applicant, any predecessors in business or present partners, directors, officers or employees ever been declined or has any such Insurance ever been cancelled or renewal refused? Yes No
If yes, please give details _____

21. Have any claims or suits been made during the past five years against the Applicant, its predecessors in business, any of the present partners, directors or officers of the Applicant or to the knowledge of the Applicant against any past partners, past officers, or past directors of the Applicant? Yes No
If yes, state briefly the cause, nature of claim, the amount involved and the name of the project and claimant, the date when the claim was made, the date the act which gave rise to the claim was committed and the final disposition of the claim including amounts of settlement. _____

22. Is the applicant (after proper inquiry of each director, officer, or partner of the Applicant or other prospective insured party) aware of any circumstance, incidents, situations or accidents that have occurred during the past five years which may result in claim being made against the Applicant, his predecessors in business, or any of the present or past partners, officers or directors of the Applicant? Yes No
If yes, please give complete details: _____

Coverage Requested:

23. Limits of Liability: \$ _____
24. Deductible: \$ _____
25. Retro Date Requested: _____

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature

Date

Print Name

Title

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND**

Marketing Information:

Do you currently control this account? _____ Have you inspected and do you recommend this account? _____

Price and terms needed to write the account? _____

Is this a firm order at those price and terms? _____ **Signature of Producer:** _____