

*AA*urance For Staffing
From the American Agency System

**PERSONNEL PLACEMENT SERVICES
PROFESSIONAL LIABILITY APPLICATION**

THIS IS NOT A BINDER
ALL OPERATIONS MUST BE DECLARED

Effective Date Requested: _____ Date Quotation Desired: _____

_____ \$100,000/300,000 policy aggregate
_____ \$200,000/600,000 policy aggregate
_____ \$500,000/500,000 policy aggregate

_____ \$1,000,000/1,000,000 policy aggregate
_____ \$1,000,000/3,000,000 policy aggregate

Deductible: 0 500 1,000 2,500 5,000 10,000

1. Applicant _____
2. Business Address _____
3. Contact Person _____
4. Telephone _____ 5. Number of Years in Operation _____
6. What organization or associations is applicant a member of? _____
7. Applicant is _____ Individual _____ Partnership _____ Corporation _____ LLC
8. Gross Annual Receipts and Percentage Derived from each Operation: _____
9. _____ Independent _____ Franchisor * _____ Franchisee * *Attach copy of the franchising agreements
10. Owner (if partnership, list all partners) _____
11. Field of specialization (if any) _____
12. Attach a list of all offices, showing full addresses percentage of ownership and all trading names. _____
13. The total number of persons in each of the following categories:
 - a. Partners, officers, counselors or assistant counselors (including inactive officers): _____
 - b. Other employees, including secretaries engaged by the applicant in the performance of services as a private personnel placement service (do not include bookkeepers, messengers, file clerks, telephone operators or others not directly engaged in work for clients of the applicant): _____
 - c. Independent consultants (list by name): _____

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Applicant _____

Personnel Services

14. Number of Annual Placements _____

15. Does the applicant make placements outside the country? _____ Yes _____ No

If Yes, describe the type of clients, the countries and type of placements: _____

16. Please describe all associated services provided. i.e. career counseling, out placement, retainer work, resume writing service, executive search,

Other: _____

INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION

The undersigned hereby applies for Insurance Coverage as set forth in this application and the various attached applications, and affirms that the statements and representations made herein are to the best of his/her knowledge true.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

Date: _____

Applicant's Signature: _____

Title: _____

Producing Agency: _____

Address: _____

Telephone: _____ Fax: _____

Are you the current broker on this account? _____ Yes _____ No

Please attach a copy of all promotional material, the applicant's employment application, and our Insurance/Claims & Incident History.

AMERICAN AGENCY SYSTEM COMPANIES

17 Little West 12th Street, Ste. 304

New York, NY 10014