

1. Full Name of Applicant: \_\_\_\_\_  
\_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Internet Address: \_\_\_\_\_
4. You are a:  Corporation  Limited Liability Company  Sole Proprietor  Partnership  Other: \_\_\_\_\_
5. Number of years in business: \_\_\_\_\_ Date Incorporated \_\_\_\_\_
- 
6. Are you a subsidiary?  Yes  No **If yes, provide details on a separate attachment.**
7. Do you own a subsidiary?  Yes  No **If yes, please provide details on a separate attachment.**
8. Do you have branch office?  Yes  No **If yes, please provide names and locations of all branch offices.**
9. What type of staffing services do you provide:  Executive Recruiting/Search \_\_\_\_%  Employment Agency/Permanent Placement \_\_\_\_%  
(Give percentage of revenue derived from each.)  
\*Should total 100%  
 Temporary Staffing \_\_\_\_%  Temp to Perm Staffing \_\_\_\_%  
 PEO/Employee Leasing \_\_\_\_%  Other: \_\_\_\_\_ %
10. ANNUAL REVENUE:
- |                                 | <u>Estimate for<br/>next 12 months</u> | <u>Last 12 months</u> |
|---------------------------------|----------------------------------------|-----------------------|
| A. Professional Placements:     | \$ _____                               | \$ _____              |
| B. Non Professional Placements: | \$ _____                               | \$ _____              |
11. ANNUAL PAYROLL (temporary staffing)
- A. Projected for next 12 months: \_\_\_\_\_; \_\_\_\_% Professional \_\_\_\_% Non Professional
- B. Last 12 Months: \_\_\_\_\_; \_\_\_\_% Professional \_\_\_\_% Non Professional
12. Any operations sold or acquired in the past 5 years?  Yes  No **If yes, please give details on a separate attachment.**
13. Indicate the average number of years in the staffing industry for all partners, principals and employees engaged in placing or administering staffing positions: \_\_\_\_\_
14. Indicate the total number of internal employees : (Please provide resumes on all employees shown under a. and b.)
- a) Placing candidates in temporary or permanent staffing positions: \_\_\_\_\_
- b) Placing and administering leased employees: \_\_\_\_\_
- c) Providing support work, clerical and all other non-professional internal services : \_\_\_\_\_
- d) All other internal employees: \_\_\_\_\_ Please describe. \_\_\_\_\_  
\_\_\_\_\_
15. Do you contract with other staffing firms?  Yes  No If Yes, please answer the following:
- a) What percentage of your revenue is derived from these contracts? \_\_\_\_%
- b) Do you require a written contract?  Yes  No **If Yes, please attach a sample contract.**
16. Do you have a written contract with your candidate/placements?  Yes  No **If yes, please attach a sample copy.**

17. a. Provide estimated number of candidates/placements by classification for next 12 months and last 12 months.

	Estimate for			Estimate for		
	W-2	1099	FTE	W-2	1099	FTE
Physician	_____	_____	_____	_____	_____	_____
Physician Assistant	_____	_____	_____	_____	_____	_____
Surgical Assistant	_____	_____	_____	_____	_____	_____
RN/LPN	_____	_____	_____	_____	_____	_____
Other Medical	_____	_____	_____	_____	_____	_____
Lawyers	_____	_____	_____	_____	_____	_____
Paralegals	_____	_____	_____	_____	_____	_____
Architects	_____	_____	_____	_____	_____	_____
Engineers	_____	_____	_____	_____	_____	_____
Accountants	_____	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____	_____
b. Total number of hours	_____	_____	_____	_____	_____	_____

18. Do you require candidates/placements to maintain their own individual professional liability?  Yes  No

If Yes, what type of candidates/placements? \_\_\_\_\_

What limits? \_\_\_\_\_ How do you verify this coverage? \_\_\_\_\_

19. Does your firm provide Workers Compensation Insurance for candidates/placements?  Yes  No If Yes, does coverage include Dual Employer Endorsement in all cases?  Yes  No

20. Do you provide any other "benefits" to your candidate/placements?  Yes  No If yes, please provide types of benefits. \_\_\_\_\_

21. Do you have written credentialing procedures for candidates/placements?  Yes  No If yes, please provide a copy.

22. How often are professional credentials rechecked? \_\_\_\_\_

23. a. Do candidates/placements ever handle the applicants or clients monies or securities?  Yes  No If Yes, please provide details. \_\_\_\_\_

b. Does Fidelity coverage apply to all W-2 employees?  Yes  No

c. Does Fidelity coverage apply to all 1099 employees?  Yes  No

d. What is the Fidelity bond or insurance limit? \_\_\_\_\_

24. Do your clients interview your candidate/placements before acceptance/scheduling?  Yes  No

25. Do your clients verify references/credentials of your candidates/placements?  Yes  No

26. Do you have a written contract with your clients?  Yes  No If Yes, please provide a sample copy.

Please list your five largest clients by name, type of candidates/placements provided and revenue.

Client/Job Name	Type of Candidates/Placements	Revenue
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

27. Is the applicant currently insured under a Commercial General Liability policy?  Yes  No If Yes, please attach a copy of the declarations page.

28. Please provide the following information as respects the last five years of professional liability coverage beginning with the most current coverage:

Carrier	Limit	Deductible	Premium	Policy Term	Retroactive Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

29. Has any Errors and Omissions or Professional Liability Insurance for you or any principal, subsidiary or prior entity ever been declined or canceled?  Yes  No If Yes, please provide details on separate attachment.

30. Has the Applicant or any Director, Officer, employee or partner providing professional services on behalf of the Applicant ever been subject to disciplinary action as a result of professional activities?  Yes  No If yes, please provide details on a separate attachment.

31. Has any claim or allegation of any professional error or omission ever been made against the applicant or any of its employees?  Yes  No If Yes, please complete the Supplemental Claim Information Form at the end of this application for each and every claim. Please attach five years of currently valued company loss runs to this application.

32. Is the applicant aware of any circumstances which may result in any claim against them or their employees?  Yes  No If Yes, please provide full details on each incident, including name of parties involved, date of treatment and current status of incident. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statement and representations made in this application and this application will be made a part of the policy. The applicant understands that any subsequent contract issued by the Company will be issued on a claims made form.

\_\_\_\_\_  
Signature of Applicant's Authorized Representative

\_\_\_\_\_  
Date

**PLEASE ATTACH THE FOLLOWING:**

- Resumes of key staff engaged in placing candidates in temporary staffing positions.
- Copies of the Agreements between you and your candidates/placements;
- Copies of Agreements between you and your clients;
- Most Recent Audited Financial Statement;
- Credentialing Procedures
- Five years of currently valued loss runs.

**SUPPLEMENTAL CLAIM INFORMATION FORM**  
*(Complete one form for each claim)*

1. Name of applicant/named insured: \_\_\_\_\_

\_\_\_\_\_

2. Name of other parties or defendants named in suit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Data of alleged error or occurrence, or contact date: \_\_\_\_\_

4. Data claim was made: \_\_\_\_\_

5. Name of claimant: \_\_\_\_\_

6. Name of Insurance Company handling your claim: \_\_\_\_\_

7. Present status of claim or final disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Circle One:            **CLOSED**                            **OPEN**

8. Defense costs paid to date inclusive of any deductible: \_\_\_\_\_

9. If closed, total loss paid, inclusive of any deductible: \_\_\_\_\_

10. If claim is open or pending, what are the insurers reserves?

    Defense: \_\_\_\_\_ Loss: \_\_\_\_\_

11. Description of case and events including allegations and assessment of liability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Claimants last settlement demand: \_\_\_\_\_

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature**