



**STAFFING AGENCY / PROFESSIONAL EMPLOYER ORGANIZATION / STAFFING
 EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION**

THIS IS AN APPLICATION FORM FOR A CLAIMS FIRST MADE AND REPORTED POLICY

INSTRUCTIONS:	
1)	Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.
2)	Application must be dated and have an authorized signature.
3)	Please attach a copy of the Client Service Agreement
4)	PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.

I. General Information

A. Name and address of Applicant: _____
 _____ Zip Code: _____

B. Person to contact: Name: _____
 Title: _____
 Phone: _____

C. Sole Proprietor Corporation Partnership
 Joint Venture Franchise Other (Please specify)

D. Nature of Business: PEO ____% Temporary Staffing ____% NAICS Code: ____

E. Please answer the following three (3) questions, including any subsidiaries, for the most recent fiscal year end:

i) What are the Applicant's:

Total Annual Billable Hours?	_____		
Current assets?	\$	Current liabilities?	\$
Total assets?	\$	Total liabilities?	\$
Total Gross Revenues?	\$		
Total Net Revenues?	\$		
Total Payroll?	\$		

ii) Does the Applicant currently have: Net Income or
 Net Loss
 Amount \$ _____

iii) Does the Applicant currently have: Positive Cashflow or
 Negative Cashflow
 Amount \$ _____

- F. How long has the Applicant been in business? _____ Years
- G. How long has the Applicant been under current management? _____ Years
- H. Limits requested From \$500,000/\$500,000 aggregate to \$10,000,000/\$10,000,000 aggregate
EPL _____
- I. Retention requested: \$ _____ (Minimum US \$5,000)
- J. Effective date requested: _____
- K. Has the Applicant acquired any companies in the past two (2) years? Yes No
- L. With respect to acquired companies, were any employees or officers terminated or does the Applicant plan in the next eighteen (18) months to terminate any employees or officers? Yes No
If so, how many? _____

(If you have answered YES to either K or L above, please provide details on a separate sheet)

- M. Does the applicant anticipate any plant, facility, branch or office closings, consolidations, or layoffs affecting 20% or more of the employees in any 60 day period within the next eighteen (18) months? Yes No
(If YES, please provide details on separate sheet)

- N. If during the next 18 months, circumstances of which you are currently unaware make it necessary for you to decrease the number of your Employees by ten percent (10%) or five (5) employees, whichever is greater, through the reorganization, restructuring, reduction in force, downsizing of operations or closure of one or more plants or places of business, do you agree that you will consult with and follow the recommendation of legal counsel experienced in employment law prior to any such downsizing, reorganization, restructuring, reduction in force, change in number of Employees, or closure of one or more plants or places of business operations? Yes No

- O. Has the proposed coverage ever been purchased before, whether specifically or as a subsection or addition to another coverage? Yes No

Year	Renewal Date	Carrier	Limit	Retention	Premium
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- P. Has any insurer ever canceled or non-renewed this type of coverage? Yes No
(If YES, please provide details on separate sheet)

II. Loss History

- A. Furnish loss history (5 years) for all discrimination, harassment claims and any claims involving the Applicants employment decision to hire, fire, promote or demote, a current, former or prospective employee.
 None See attached

Total number of claims in the last 5 years

PLEASE PROVIDE A FULL DESCRIPTION OF EACH CLAIM ON A SEPARATE SHEET.

- B. Has any Director, Officer, Manager, Supervisory Employee or Partner knowledge of any circumstances, at the date this Application is signed, which could reasonably give rise to a claim or any reasonable way to foresee that a claim may be brought? Yes No

PLEASE PROVIDE A FULL DESCRIPTION OF ANY CIRCUMSTANCE ON A SEPARATE SHEET.

For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim may be brought against you if a current or former employee or an applicant for employment has expressed

dissatisfaction with the employment relationship or the employment application process by:

i) Making a formal complaint to a supervisory employee of discrimination, harassment or unfair employment practices;

ii) Threatening to hire an attorney;

iii) Asking for a severance package in excess of what is being offered;

iv) Complaining of discrimination, harassment or unfair treatment and threatening to do something about it; or

v) Frequent complaining of discrimination, harassment or unfair treatment.

C. Has the applicant been involved in any charges, inquiries, investigations, grievance or other hearings before the Equal Employment Opportunity Commission or any other governmental agency? Yes No

(If you answer YES, please provide details on a separate sheet)

The Applicant acknowledges that any claims or incidents reported in, or that should have been reported in, this Section II will be excluded from coverage

III. **Employees**

A. Number of Staff Employees:

Full Time: _____ Part Time: _____ (Last year)

Full Time: _____ Part Time: _____ (This year)

Full Time: _____ Part Time: _____ (Anticipated next year)

B. Number of Temporary / Leased Employees:

Full Time: _____ Part Time: _____ (Last year)

Full Time: _____ Part Time: _____ (This year)

Full Time: _____ Part Time: _____ (Anticipated next year)

C. Number of Client Companies: Last Year _____
Current Year _____
Next Year _____

D. List the top five states in which you operate and the percentage of total employees in those states:

	<u>State</u>	<u>% of Total Employees</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

E. List the top five industries to which your employees are assigned and the percentage of total employees in those industries:

	<u>Industry</u>	<u>% of Total Employees</u>
1.	_____	_____

2. _____
3. _____
4. _____
5. _____

F. List your three largest client companies, their specific industry, and the number of employees assigned:

	<u>Client Company</u>	<u>Industry</u>	<u>Number of Employees</u>	<u>Payroll</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

G. Salary ranges (including bonuses and commissions) of Staff and Leased Employees:

	Number of full time employees	Number of part time employees
\$20,000 or less:	_____	_____
\$20,001 to \$50,000	_____	_____
\$50,001 to \$100,000	_____	_____
\$100,001 to \$200,000	_____	_____
\$201,000 and over	_____	_____

H. Does the Applicant use temporary employees? Yes No

If so, please advise number of temps utilized and total billable hours: _____

Are these employees included in A and B above? Yes No

I. In the last 12 months how many officers have left your employ?

Of the above: how many left voluntarily? _____

how many were terminated? _____

J. In the last 12 months how many other employees have left your employ?

Of the above: how many left voluntarily? _____

how many were terminated? _____

K. Please describe the Professional Services you perform for Client Companies: Hiring/Firing HR Training
 Safety Training Payroll Health Benefits Benefit Administration Worker's Compensation
 Other Insurance Claims Administration Retirement Plans Other (Please describe)

L. Is the Applicant a Member of any professional organisation? Please list _____

IV. Human Resources

A. Does the Applicant have a Human Resources Department? Yes No

If the Answer to (A) is Yes, how many employees are in the Human Resources Department? _____

If the Answer to (A) is No, who handles this function and what is their title? _____

- B. Does the Applicant establish at-will employment relationships with **all** employees without a written employment agreement? Yes No
- C. Have the Applicant's managers and/or supervisors attended training and education programs/seminars on sexual harassment within the last 12 months? Yes No
- If YES, who has attended? _____
- If YES, who conducts? _____
- If NO, is applicant willing to implement such training? Yes No
- D. Does the Applicant have its employment policies/procedures reviewed by labor relations counsel annually/bi-annually? Yes No
- If NO, is the Applicant willing to do so? Yes No
- E. Does the Applicant publish an employment handbook? Yes No
- If NO, is Applicant willing to do so? Yes No
- If YES, does the Applicant distribute it to all employees (including Leased)? Yes No
- If YES, do employees sign for receipt/acceptance (including Leased)? Yes No
- F. Has the Applicant implemented anti-sexual harassment policies/procedures? Yes No
- G. Does the Applicant require all terminations to be reviewed by:
- Upper Management or owners of the Client Company Yes No
- or PEO HR Department Yes No
- or its Legal Department? Yes No
- or outside counsel? Yes No
- If NO, is Applicant willing to do so? Yes No
- H. Does the Applicant maintain a personnel file for each employee? Yes No
- I. Does the Applicant have any written grievance or complaint procedures (including complaints of discrimination or harassment)? Yes No
- If NO, is Applicant willing to implement such procedures? Yes No
- J. Does the Applicant have written job descriptions for all or most job classifications and require Client Companies to do this also? Yes No
- K. Does the Applicant regularly consult with a labor relations counsel? Yes No
- If YES, who is your labor relations counsel? _____
- How is this person/firm utilized? _____
- _____
- _____
- L. Does the Applicant have a formal employment contract with an Employee ? Yes No
- If yes, are the employment contract(s) created and reviewed by outside counsel? Yes No

Total number of Employees with formal employment contracts: _____

Total value of all contracts \$ _____

Total value of the largest contract \$ _____

- M. Does the Applicant utilize arbitration for employment related claims? Yes No
 Is it mandatory? Yes No
- N. Does applicant have a Drug Free Workplace Policy? Yes No
- O. Is your firm WRC Certified? Yes No

V. Other Material Facts

- A. Please declare any Material Facts on a separate sheet; None See attached

A Material Fact is one likely to influence assessment of this risk, the premium charged and the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material you should declare it. All the information requested in this proposal is material.

The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.

The Applicant on behalf of the Proposed Insureds further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify us of such change. Signing of this application does not bind Underwriters to offer nor the Applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.

Date	Applicant's Authorized Signature of a Principal Partner or Shareholder	Title
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Date	Applicant's Authorized Signature of Individual In Charge of Human Resources or Personnel Department or Signature of 2nd Authorized Person	Title
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