

EMPLOYMENT AGENCY, EXECUTIVE SEARCH AND TEMPORARY STAFFING PROFESSIONAL LIABILITY APPLICATION

(CLA	IMS MADE	AND REPORTED	COVERAGE)
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1)	Full Name of Applic	cant (including D	BA):					
2)	Location Address:							
3)	Mailing Address:							
4)	Website:							
5)	You are a:	Corporation	Ll	_C Sole Proprie	tor	Partnership		
6)	Number of years in	business:		Date Incorpo	orated:			
7)	7) Are you a subsidiary? If yes, provide details on a separate attachment.						Yes	No
8)	Do you own a subs		e attachmen	t.			Yes	No
9)	Do you have brancl If yes, provide name		s of all branc	ch offices on a separate att	achment.		Yes	No
10)	What type of staffin (Give percentage o			n, totally 100%.)				
	Executive Recruiti	ng / Search	%	Employment Agency / Pe	rmanent Pl	acement		%
	Temporary Staffin	g	%	Temp to Perm Staffing				%
	PEO / Employee L	_easing	%	Other:				%
11)	ANNUAL REVENU	E	Estima	ite for Next 12 Months	Last 1	2 Months		

12) ANNUAL PAYROLL (temporary staffing)

Professional Placements

Non Professional Placements

Projected for Next 12 Months	\$ %	Professional	%	Non Professional
Last 12 Months	\$ %	Professional	%	Non Professional

\$

\$

\$

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	13) Any operations sold or acquired in the past five years? If yes, give details on a separate attachment.						Yes	No	
14) Indicate the average number of years in the staffing industry for all partners, principals and employees engaged in placing or administering staffing positions:									
15) Indicate the total number of internal employees: (Provide resumes on all employees shown under A & B)									
	a.	Placing candidates in temporary o	r permanent	staffing posi	tions:				
	b.	Placing and administering leased	employees:						
	C.	Providing support work, clerical an		-professional	internal serv	ices:			
	d.			,					
		you contract with other staffing firm es, answer the following:	s?					Yes	No
	a.	What percentage of your revenue	is derived fr	om these cor	ntracts?				%
b. Do you require a written contract? If yes, attach a sample contract.						Yes	No		
		you have a written contract with yo es, attach a sample copy.	ur candidate	e / placement	s?			Yes	No
18)	Pro	ovide estimated number of candidate	es/placemer	nts by classifi	ication for nex	kt 12 months	and last 12	months	s:
			Estimat	te for Next 12	2 Months	Į	ast 12 Mon	ths	
			W-2	1099	FTE	W-2	1099	FTE	
	Р	hysician							
	Р	hysician Assistant							
	S	urgical Assistant							
	R	N/LPN							
	0	ther Medical							
	L	awyers							
	Р	aralegals							
	Architects								
	Engineers								
	Α	ccountants							
	0	ther:							
	Т	otal Number of Hours							
19)	Do	you require candidates/placements	to maintain	their own inc	dividual Profe	ssional Liabi	litv?	Yes	No

If yes, what type of candidates/placements?

What limits?

How do you verify this coverage?

20) 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

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21)		you provide any other benefits to your candidates/placements? es, provide types of benefits:	Yes	No
22)		you have written credentialing procedures for candidates/placements? es, provide a copy.	Yes	No
23)	Hov	v often are professional credentials rechecked?	Yes	No
24)	a.	Do candidates/placements ever handle the applicants or clients' monies or securities? If yes, provide details:	Yes	No
	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?		
25)	Do	your clients interview your candidates/placements before accepting/scheduling?	Yes	No
26)	Do	your clients verify references/credentials on your candidates/placements?	Yes	No
27)		you have a written contract with your clients? es, provide a sample copy.	Yes	No
	1 2 . 4			

List your five largest clients by name, type of candidates/placements provides and revenue.

Client / Job Name	Type of Candidates / Placements	Revenue
		\$
		\$
		\$
		\$
		\$

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

29) Provide the following information as respects the last five years of professional liability coverage beginning with the most current coverage.

Carrier	Limits	Deductible	Premium	Policy Term	Retroactive Date

30) Has any Errors or Omissions or Professional Liability Insurance for you or any principal, subsidiary or prior entity ever been declined or canceled? If yes, provide details on a separate attachment.	Yes	No
31) 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? If yes, provide details on a separate attachment.	Yes	No

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32) 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, complete the Supplemental Claim Information Form for each and every claim.

Attach five years of currently valued company loss runs to this application.

33) Is the applicant aware of any circumstances which may result in any claim against them or their employees?
If yes, provide full details on each incident, including name of parties involved, date of

Yes No

Please attach the following information:

- Resumes of key staff engaged in placing candidates in temporary staffing positions.
- Copies of agreements between you and your candidates/placements.
- Copies of agreements between you and your clients.
- Most recent audited financial statement.

treatment and current status of incident.

- · Credentialing procedures.
- Five years of currently valued loss runs.

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Fraud Notices

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

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Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:					
T:Alax	Data				
Title:	Date:				

If you prefer not to return the questionnaire with an electronic signature, please print and sign.

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