

EMPLOYMENT AGENCY, EXECUTIVE SEARCH AND TEMPORARY STAFFING PROFESSIONAL LIABILITY APPLICATION

1) Full Name of Applicant (including DBA):

2) Location Address:

3) Mailing Address:

4) Website:

5) You are a: Corporation LLC Sole Proprietor Partnership

6) Number of years in business:

Date Incorporated:

7) Are you a subsidiary?

Yes No

If yes, provide details on a separate attachment.

8) Do you own a subsidiary?

Yes No

If yes, provide details on a separate attachment.

9) Do you have branch offices?

Yes No

If yes, provide names and locations of all branch offices on a separate attachment.

10) What type of staffing services do you provide?

(Give percentage of revenue derived from each, totally 100%.)

Executive Recruiting / Search	<input style="width: 50px;" type="text"/> %	Employment Agency / Permanent Placement	<input style="width: 50px;" type="text"/> %
Temporary Staffing	<input style="width: 50px;" type="text"/> %	Temp to Perm Staffing	<input style="width: 50px;" type="text"/> %
PEO / Employee Leasing	<input style="width: 50px;" type="text"/> %	Other:	<input style="width: 50px;" type="text"/> %

11) ANNUAL REVENUE

	Estimate for Next 12 Months	Last 12 Months
Professional Placements	\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>
Non Professional Placements	\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>

12) ANNUAL PAYROLL (temporary staffing)

Projected for Next 12 Months	\$ <input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/> %	Professional	<input style="width: 50px;" type="text"/> %	Non Professional
Last 12 Months	\$ <input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/> %	Professional	<input style="width: 50px;" type="text"/> %	Non Professional

- 13) Any operations sold or acquired in the past five years? Yes No
 If yes, give details on a separate attachment.
- 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 or permanent staffing positions: []
 - b. Placing and administering leased employees: []
 - c. Providing support work, clerical and other non-professional internal services: []
 - d. All other internal employees:
 Describe: []
 []
- 16) Do you contract with other staffing firms? Yes No
 If yes, 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, attach a sample contract.
- 17) Do you have a written contract with your candidate / placements? Yes No
 If yes, attach a sample copy.
- 18) Provide estimated number of candidates/placements by classification for next 12 months and last 12 months:

	Estimate for Next 12 Months			Last 12 Months		
	W-2	1099	FTE	W-2	1099	FTE
Physician	[]	[]	[]	[]	[]	[]
Physician Assistant	[]	[]	[]	[]	[]	[]
Surgical Assistant	[]	[]	[]	[]	[]	[]
RN/LPN	[]	[]	[]	[]	[]	[]
Other Medical	[]	[]	[]	[]	[]	[]
Lawyers	[]	[]	[]	[]	[]	[]
Paralegals	[]	[]	[]	[]	[]	[]
Architects	[]	[]	[]	[]	[]	[]
Engineers	[]	[]	[]	[]	[]	[]
Accountants	[]	[]	[]	[]	[]	[]
Other:	[]	[]	[]	[]	[]	[]
Total Number of Hours	[]	[]	[]	[]	[]	[]

- 19) 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? []

- 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
- 21) Do you provide any other benefits to your candidates/placements? Yes No
 If yes, provide types of benefits:
- 22) Do you have written credentialing procedures for candidates/placements? Yes No
 If yes, provide a copy.
- 23) How often are professional credentials rechecked? Yes No
- 24) a. Do candidates/placements ever handle the applicants or clients' monies or securities? Yes No
 If yes, 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?
- 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) Do you have a written contract with your clients? Yes No
 If yes, provide a sample copy.

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

Client / Job Name	Type of Candidates / Placements	Revenue
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

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

29) Please 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 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
- 32) Has any claim or allegation of any professional error or omission ever been made against the applicant or any of its employees?
If yes, please complete the Supplemental Claim Information form for each and every claim.
[\[Form Link\]](#) **Please attach five years of currently valued company loss runs to this application.** Yes No
- 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 treatment and current status of incident. Yes No



PLEASE ATTACH THE FOLLOWING:

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

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.

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:

[Redacted Signature Area]

Title:

[Redacted Title Area]

Date:

[Redacted Date Area]

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