

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 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			Past 12 months		
	Next 12 months			Past 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: _____	_____	_____	_____	_____	_____	_____
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