



Submission Requirements: Please check all that have been included:

- Completed, Signed and Dated StaffPak Application
- Completed Acord applications for Property, Crime, Auto & Excess
- Copy of PEO/ASO/VMS/Staffing Services Agreement
- Copy of Employee Handbook/Manual
- Last four (4) quarterly 941s
- Loss Runs – Currently valued from prior carrier four (4) years
- WC classifications and payrolls (by client company if PEO)

Part I – Applicant Information

A.

Applicant Name:		
Street Address:	Mailing Address:	County:
City, State, Zip Code:	Proposed Policy Period From: _____ To: _____	
Additional Locations:	Additional Named Insureds:	
Federal ID Number(s):		
Number of years this business has been: Operating: _____ Owned by present owners: _____ Managed by Present Management: _____		
Phone Number:	Website:	
Fax Number:		
Risk Management Contact:	Risk Mgt. Email:	

- B. Applicant is:**
- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> LLC | <input type="checkbox"/> Other (Please specify) |

C. Do you have branch locations other than those listed above? (If "YES", please list them separately) YES NO

D. Have you acquired or sold any operations in the last five years? (If "YES", please list them separately) YES NO

E. Are you a franchisor? YES NO

F. Are you a franchisee? YES NO Who is your franchisor? _____

G. Has an accountant in the previous two (2) fiscal years recommended a "going concern" opinion of you financial information?
 (If "Yes", please provide details separately) YES NO

H. Please provide a description of your business including the services offered:

I. The Numbers

	Projected for your full current fiscal year	Actual Last Fiscal Year	If a start-up, projections for first 12 months
Corporate Employee Payroll ("in house" employees only)			
Number of corporate employees ("in house" employees only)			
Temp Staffing (W-2) and Contract Placement (1099) payroll			
Temp Staffing (W-2) and Contract Placement (1099) billable hours			
Number of PEO and/or ASO worksite employees			
Client payroll from vendor management services you provide			
Revenue from permanent placements (direct hires) you make			

J. Total combined square footage of all the office space from which you conduct your operations: _____

K. Please list your five largest staffing and/or PEO clients by revenue, their industry and the number of employees assigned:

Name	Revenue	Industry	Services Provided	Number of Employees

Part II- Your Staff & Your Contracts

A. Please List the **Professional Designations** Carried by those staff providing staffing services:

B. Are you a member of the following associations:

American Staffing Association YES NO

NAPEO YES NO

Staffing Industry Analysts YES NO

An industry state association YES NO

Please list state associations: _____

Are you accredited by the Employer Services Assurance Corporation (ESAC)? YES NO

Are you certified by the Certification Institute (CI)? YES NO

C. Has an owner ever been the subject of a disciplinary action? (If "Yes", please provide details) YES NO

Does any director, officer, employee or partner of the applicant have knowledge or information which might reasonably give rise to a liability claim? YES NO

If "Yes" please provide details _____

Has the applicant been a party to a lawsuit in the past 5 years? (If "Yes", please provide details) YES NO

D. These questions only apply to Staffing Services

Are written contracts always used to govern services provided? YES NO

Are contracts negotiated and agreed to in advance of services provided? YES NO

Are contracts provided to you by your customers reviewed by your legal counsel prior to execution? YES NO

Are contract modifications always agreed to in writing? YES NO

Do contracts make direction and supervision of your placed worker the responsibility of your customer? YES NO

Do contracts contain hold harmless and indemnification wording? YES NO

Is the hold harmless and indemnification wording in your favor or at least mutual? YES NO

Do you sign contracts that assume liability for the negligence of another party? YES NO

Do any of your temporary or contract placements have sign-off authority or render formal opinions? YES NO

Do you inspect your customer's premises before placing workers there? YES NO

Are background checks required of all prospective employees/applicants? YES NO

Do you place temporary or contract placements in positions as drivers of other than forklifts? YES NO

Do your temporary or contract placement workers drive customer's vehicles? YES NO

If "Yes" please provide details _____

Part III- Prior Insurance

A. Please provide details of coverage currently maintained, if none, then please state

Coverage	Period	Carrier	Limit	Deductible	Premium	Retro Date
General Liability						
Crime/Fidelity						
Property						
Commercial Auto						
Professional Liability Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/>						
Employment Practices Liability						
Fiduciary and/or D&O						
Excess or Umbrella						

Part IV – Employee Classification Section

A. Percentage distribution of your Temp Staffing (W-2) and/or Contract Placements (1099) payroll projected for your current full fiscal year – total must equal 100%:

Professional Placements		Other Placements		Specialty Placements	
Accountant		Clerical		Aerospace and Aviation	
Architect		Construction - Skilled*		Armed Security	
Attorney		Construction - Unskilled		Defense	
Banking		Eldercare		Drivers - Truck	
Engineer		Factory		Drivers - all other	
Insurance				Equip. Operator (excl. forklifts)	
Financial Services - all other		Light Industrial		Explosives & Hazardous Materials	
Programmers		Healthcare/Medical		Life Sciences & Bio Tech	
IT Professionals - all other		Teaching or Childcare		Mining & Logging	
		Hospitality/Food Service		Nuclear	
				Oil & Gas – Refinery/Around Well	
		Other			
				Total Must Be 100%	
*Plumbing, Electrical, HVAC, Dry Wall, Carpentry, Painting					

Part V - Professional Employer Organizations (PEO's)

A. Number of All Worksite Employees:

State	No. of Client Companies	Full Time Worksite Employees	Part Time Worksite Employees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number of Client Companies: Last Year _____ Current Year _____ Next Year _____

Part VI – Employment Practices

A. Salary ranges (including bonuses and commissions) of Corporate Staff and Temporary/ Leased/ Worksite employees:

	Number of Full Time Employees	Number of Part Time Employees	Seasonal/ Temporary	Other
\$20,000 or less	_____	_____	_____	_____
\$20,001 to \$50,000	_____	_____	_____	_____
\$50,001to \$100,000	_____	_____	_____	_____
\$100,001 to \$200,000	_____	_____	_____	_____
\$200,001 and over	_____	_____	_____	_____

C. 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

D. Human resources

1. Do you 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?

2. Do you establish at-will employment relationships with all employees without a written employment agreement? YES NO
3. Do you require job applicants (including Client Companies) to use an employment application? If "Yes", please attach a copy. YES NO
4. Have your 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? _____
5. Are your employee handbooks and your employment policies/procedures reviewed by a labor lawyer annually? YES NO
6. Do you publish an employee handbook? YES NO
- If "YES", do you distribute it to all employees? YES NO
- If "YES", do employees sign for receipt/acceptance? YES NO
7. Do you provide regular, written performance evaluations for all employees? YES NO
8. Do you have written job descriptions for all or most job classifications? YES NO
9. Have you implemented anti-sexual harassment policies and procedures? YES NO
10. Do you require all terminations to be reviewed by:
- Your senior management and owners of PEO client companies? YES NO
- or PEO Human Resources Department? YES NO
- or its Legal Department? YES NO
- or outside counsel? YES NO
11. Do you maintain a personnel file for each employee? YES NO
12. Do you have any written grievance or complaint procedures (including complaints of discrimination or harassment)? YES NO

Part VII – Other Material Facts

A. Please declare any **Material Facts** on a separate attachment; No Material Facts **OR** 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.

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO KANSAS APPLICANTS: 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, electronic impulse, facsimile, magnetic, oral or telephonic communication or 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON AND VERMONT APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

THE APPLICANT WARRANTS AFTER FULL INVESTIGATION AND INQUIRY THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION. IT IS AGREED THAT IF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION LISTED OR NOT LISTED IN THIS APPLICATION EXISTS, AND HAS NOT PREVIOUSLY BEEN REPORTED TO U.S. RISK, INC., THEN ANY CLAIM BASED UPON, ARISING OUT OF OR ATTRIBUTABLE THERETO IS EXCLUDED FROM THE POLICY FOR WHICH APPLICATION IS BEING MADE. THE UNDERSIGNED BEING AUTHORIZED BY, AND ACTING ON BEHALF OF, THE APPLICANT AND ALL PERSONS OR CONCERNS SEEKING INSURANCE, HAS READ AND UNDERSTANDS THIS APPLICATION, AND DECLARES ALL STATEMENTS HEREIN TO BE TRUE, COMPLETE AND ACCURATE. THE UNDERSIGNED FURTHER DECLARES AND REPRESENTS THAT ANY OCCURRENCE OR EVENT TAKING PLACE PRIOR TO THE INCEPTION OF THE POLICY FOR WHICH APPLICATION IS MADE, WHICH MAY RENDER INACCURATE, UNTRUE OR INCOMPLETE ANY STATEMENT MADE HEREIN WILL IMMEDIATELY BE REPORTED IN WRITING TO THE INSURER. THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT THE SUBMISSION AND THE INSURER'S RECEIPT OF SUCH WRITTEN REPORT, PRIOR TO THE INCEPTION OF THE POLICY, IS A CONDITION PRECEDENT TO COVERAGE. SIGNING OF THIS APPLICATION DOES NOT BIND THE INSURER TO OFFER OR THE APPLICANT TO ACCEPT INSURANCE.

Applicant's Authorized Signature of a Principal, Partner or Officer: _____

Title: _____ Printed: _____ Date: _____

Applicant's Authorized Signature of Individual In Charge of Human Resources or Personnel Department or Signature of 2nd Authorized Person: _____

Title: _____ Printed: _____ Date: _____