

StaffPak

Preferred Insurance Partner for the Staffing Industry

Application

Insurance Carrier:

Certain Underwriters at Lloyd's of London

Managed by:

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Lighthouse Underwriters, LLC™

a member company of U.S. Risk Insurance Group, Inc.

ACCESS THE EXPERTS



Supplemental Insurance Application

General Liability, Professional Liability, and Employment Practices Liability

Submission Requirements: Please check all that have been included:

- Completed, Signed and Dated Application.
- If you are a Temporary Staffing Firm, a copy of the standard Time Card (front and back) with Risk Transfer language and Contract.
- If you are a PEO/ASO, a copy of the Client Services Agreement.
- Financials (or a Business Plan if you are a new venture).
- Resumes of the Principals and/or Managers.
- Loss Runs or a No Loss Letter.
- Target Premium and Need By Date.
- WC Codes and Payrolls.

Part I- Who Are You?

A.

Named Insured:		
Street Address:	P.O. Box:	County:
City, State, Zip Code:	Coverage effective dates From: To:	
Location Name and Address:	Additional subsidiaries and descriptions:	
Federal ID Number:		
Number of years this facility has been: Operating:_____ Owned by present owners:_____ Managed by Present Management:_____		
Phone Number:	Email Address:	
Fax Number:	Website:	

B. We are a (check one): C Corporation S Corporation Sole Proprietor Limited Liability Company Partnership I am a Subsidiary I own a Subsidiary

C. Do you have branch locations? (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

Part II- Services

A. Please provide a specific description of your business, i.e., list the industry groups you serve and how you differentiate your services: _____

B. Please provide revenues and payroll: (Projected through the end of your fiscal year)

	Current Year	Last Year	Year Prior
Permanent Placement Revenue			
Temporary Placement Revenue			
PEO Revenue			
Your Corporate Employees Payroll			
Temporary Employees Payroll			
Worksite Employees Payroll (for PEOs)			

C. Please list your five largest clients by revenue:

Name	Services Provided	Revenue

Part III- Professional Staff

A. Please provide the number of your Corporate staff:

Principals, Partners, Professional Staff providing staffing services _____

All other Staff Employees _____

B. Please List the Professional Designations Carried by those staff providing staffing services: _____

C. What is the average number of years that the partners have been involved in the staffing industry? _____

- D.** Has a partner 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 claim? YES NO
 Has the applicant been a party to a lawsuit in the past 5 years? (If yes, please provide details) YES NO

E. Contracts/Service Agreements for Temp Staffing

Is a written contract used to govern services provided? (If so, please attach a copy. If not, why not?) YES NO

Are contract fees negotiated and agreed to in advance? YES NO

Are contracts reviewed by competent legal counsel? YES NO

Are any contract modifications agreed to in writing? YES NO

Do contracts contain a hold harmless agreement? YES NO

Is the hold harmless agreement in your favor? YES NO

Do any of the temporary placements have sign of authority or render formal opinions? YES NO

Do the clients direct and control the temporary placement's actions? YES NO

F. Contracts/Service Agreements for PEOs

Are you contractually obligated to assume responsibility for employment practices? YES NO

If you are a PEO, and answered yes immediately above, does the contract require you to carry EPLI? YES NO

Are you required by the contract to name the client company as a named insured on the EPLI? YES NO

G. Client Management

Is there a formal procedure for handling client complaints? YES NO

Is there a formal procedure for contracting with new clients? YES NO

Is there a formal policy for managing conflicts of interest? YES NO

Is there a formal policy for protecting the client companies' confidential material? YES NO

If a temporary/worksite professional employee works at a client site, do the client companies warrant that they carry a professional liability policy? YES NO

Do you require the clients to furnish you with a certificate of professional liability insurance? YES NO

If not, why? _____

Part IV- Prior Insurance

A. Do you currently have Professional Liability Insurance? YES NO

If YES, is it: CLAIMS MADE OCCURRENCE

If CLAIMS MADE: What is the retroactive date? _____

B. Provide the name of your current insurance company: _____

C. Has your Professional Liability Insurance ever been canceled or declined? YES NO

If YES, Please provide the reason why: _____

D. Current Professional Liability premium: _____

E. Current Professional Liability limits & deductible: _____

Part V- Employee Classification Section

A. Please provide estimated number of temporary placements or worksite employees:

Clerical	Health	Financial
Mail/Inventory _____ Messengers _____ Secretarial _____ Typing/Filing _____ Others (specify) _____	Dieticians _____ Homemakers/Companions _____ Nurses Aides _____ Physical Therapists _____ RNs/LPNs _____ Speech Therapists _____ Others (specify) _____	Accountants _____ Auditors _____ Bank Tellers _____ Bookkeepers _____ CPA's _____ Financial Clerks _____ Others (specify) _____
Word Processing	Technical/Professional	Blue Collar
Data Entry Clerks _____ Keypunch Operators _____ Programmers _____ Word Processors _____	Architects _____ CAD _____ Engineers _____ Chemical _____ Environmental _____ IT/Software _____ Mechanical _____ Nuclear _____ Structural _____ TOTAL: _____ Others (specify) _____	Armed Security _____ Aviation _____ Mechanics _____ Pilots _____ Others _____ TOTAL: _____ Demolition _____ Dredging _____ Drivers/Truckers _____ Excavation _____ Factory Workers _____ Offshore Drilling _____ Onshore Drilling _____ Roofing _____ Watchmen _____ Others (Specify) _____

Part VI- Staffing & General Information

A. Number of Temporary Employees _____

B. Number of Worksite Employees _____

C. If you are a Temporary Firm, please provide all the following. If you are a PEO, please skip to section D:

Number of Temporary hours billed annually _____
 Number of client companies _____
 Number of Corporate staff employees _____
 Average length of temporary assignment _____

D. What percentage of your temporary placements or worksite employees work in the following industries?:

_____ Aerospace	_____ Energy/Oil and Gas/ Utilities
_____ Aviation	_____ Environmental Cleanup or Management
_____ Defense/Military	_____ Tobacco

Part VII- GL/Staffing E&O Limits Requested

A. Please choose a limit:

_____ \$1,000,000/\$2,000,000 aggregate	_____ \$1,000,000/\$5,000,000 aggregate
_____ \$1,000,000/\$3,000,000 aggregate	_____ \$1,000,000/\$6,000,000 aggregate
_____ \$1,000,000/\$4,000,000 aggregate	_____ \$1,000,000/\$7,000,000 aggregate

B. Please choose a deductible:

_____ \$5,000	_____ \$7,500	_____ \$10,000
_____ \$25,000	_____ \$50,000	_____ \$75,000

Part VIII- Contingent PL Limits Requested

A. Please choose a limit:

_____ \$250,000/\$250,000 aggregate	_____ \$500,000/\$1,000,000 aggregate
_____ \$250,000/\$500,000 aggregate	_____ \$1,000,000/\$1,000,000 aggregate
_____ \$500,000/\$500,000 aggregate	_____ \$1,000,000/\$2,000,000 aggregate

B. Please choose a deductible:

_____ \$5,000	_____ \$7,500	_____ \$10,000
_____ \$25,000	_____ \$50,000	_____ \$75,000

Part IX- Medical PL for PEO's Limits Requested

A. Please choose a limit:

_____ \$250,000/\$250,000 aggregate	_____ \$500,000/\$1,000,000 aggregate
_____ \$250,000/\$500,000 aggregate	_____ \$1,000,000/\$1,000,000 aggregate
_____ \$500,000/\$500,000 aggregate	_____ \$1,000,000/\$2,000,000 aggregate

B. Please choose a deductible:

_____ \$5,000	_____ \$7,500	_____ \$10,000
_____ \$25,000	_____ \$50,000	_____ \$75,000

Part X- Professional Employer Organizations (PEO's)

A. Total Number of All worksite Employees _____

B. Total Number of Client Companies _____

C. Employee Background

Do you conduct background checks? YES NO

Do you guarantee background checks on all employees? YES NO

Do you make all the necessary quarterly filings for taxes, workers compensation and other employee benefits reports?

YES NO

If no, who does make the filings? _____

Do you administer pension and retirement plans for all worksite employees?

YES NO

Part XI- Permanent Placements

A. Number of Your Employees Making Permanent Placements _____

B. Do You Conduct Background Checks on All Candidates?

YES NO

C. Are Background Checks Guaranteed?

YES NO

Part XII- Employment Practices Liability Insurance (EPLI)

A. Coverage:

Have you ever purchased EPLI before?

YES NO

If yes, do you currently carry EPLI?

YES NO

Has your employment practices liability insurance ever been canceled or declined?

YES NO

If yes, please provide the reason why: _____

Are you interested in providing defense costs to client companies in situations where you and the client company are named as co-employers?

YES NO

How many employees earning over \$65,000 have left your company or have been terminated in the past 12 months?

B. Human Resource Questions:

Does the Applicant have written employment agreements with all officers?

YES NO

Do you require job applicants (including Client Companies) to use an employment application?

If yes, please attach a copy.

YES NO

Does the Applicant establish at-will employment relationships with all employees without a written employment agreement?

YES NO

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

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

Does the Applicant have a Human Resources or Personnel Department?

YES NO

If NO, who handles this function? _____

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?

YES NO

If YES, do employees sign for receipt/acceptance?

YES NO

Do you distribute it to all employees (including CC employees)?

YES NO

Do you provide regular, written performance evaluations for all employees and require CCs to do this also?

YES NO

Do you have written job descriptions for all or most job classifications and require CCs to do this also?

YES NO

Does the Applicant have written procedures for handling employee complaints of discrimination and/or sexual harassment?

YES NO

Has the Applicant implemented anti-sexual harassment policies/procedures?

YES NO

Does the Applicant use any tests, including drug tests, to screen applicants for employment or to promote or monitor employees?

YES NO

If so, what kind and are they performed in-house or by a third party? _____

Do you require that all terminations be reviewed by?

Upper Management or owners of the CC

YES NO

PEO HR Department

YES NO

Legal Department

YES NO

Outside Counsel

YES NO

Does the Applicant require all terminations to be reviewed by?

its Human Resources Department?

YES NO

or its Legal Department?

YES NO

or outside counsel?

YES NO

If NO, is applicant willing to do so?

YES NO

Does the Applicant maintain a personnel file for each employee?

YES NO

Does the Applicant have any written grievance or complaint procedures?

YES NO

If NO, is applicant willing to implement such procedures?

YES NO

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? _____

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 Insured 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.

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

Title _____ Date _____

Applicant's Authorized Signature of Individual In Charge of Human Resources or Personnel Department or

Signature of 2nd Authorized Person _____

Title _____ Date _____

Aaron DiCaprio, Program Director

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