



**INSTRUCTIONS:**

1. Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.
2. Applications must be dated and have two signatures.
3. "Applicant" refers to the Temporary Staffing Firm and all proposed Insureds.

**I. General Information**

- A. Name of Firm: \_\_\_\_\_
- B. Address (if different from last year): \_\_\_\_\_  
\_\_\_\_\_
- C. Person to contact: \_\_\_\_\_  
(name, title, e-mail, telephone)
- D. Any change in the nature or locations of business operations over the last year? (If Yes, please explain)  Yes  No
- E. Does the Applicant seek coverage for claims made by Temporary Workers for Wrongful Employment Practices or Staffing Services Discrimination (as those terms are defined in the Policy)?  Yes  No

**APPLICANTS ANSWERING YES TO I.E MUST COMPLETE SECTION V OF THIS APPLICATION**

- F. Does the Applicant seek coverage for Defense Costs for Wrongful Employment Practices Claims made by Temporary Workers against any of its clients?  Yes  No

**APPLICANTS ANSWERING YES TO I.F. MUST COMPLETE SECTIONS V and VI OF THIS APPLICATION**

- G. Any change in management during the last year? (If Yes, please explain)  Yes  No
- H. In the past twelve (12) months, has your total number of In-House employees decreased by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate?  Yes  No  
(If Yes, please complete the Reduction In Force supplement (H))
- I. In the next twelve (12) months, do you anticipate the total number of your In-House employees to decrease by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate?  Yes  No  
(If Yes, please complete the Reduction In Force supplement (I))
- J. If, during the next 12 months, circumstances of which you are currently unaware make it necessary for you to decrease the number of your In-House Employees by ten percent (10%) or five (5) Employees, whichever is greater, through the implementation of any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate (with any such reduction, lay-off or closure not known, anticipated or planned by you as of the date of this

Application), do you agree that you will consult with, and adopt the advice of, a lawyer who specializes in labor and employment law (may include in-house counsel, but only if that counsel is qualified and experienced in the practice of labor and employment law) as respects the implementation of such reduction, lay-off or closure?

Yes  No

K. Does the Applicant anticipate any merger, acquisition, or addition of any operations that would comprise a twenty five percent (25%) or ten (10) In-House employees, whichever is **greater**, increase over the current number of employees?

Yes  No

*(If Yes, please provide full details on a separate sheet)*

L. Has any insurer ever canceled or non-renewed the Applicant or its predecessor for this type of coverage?

Yes  No

*(If Yes, please provide details on a separate sheet)*

## II. Financial Information

A. Please answer the following questions for the Insured Company, including its subsidiaries, for the most recent fiscal year end:

i) What is the Applicant's Gross Revenue? \$ \_\_\_\_\_

ii) What are the Applicant's Total Assets? \$ \_\_\_\_\_

iii) What are the Applicant's Total Liabilities? \$ \_\_\_\_\_

iv) What are the Applicant's Current Assets? \$ \_\_\_\_\_

v) What are the Applicant's Current Liabilities? \$ \_\_\_\_\_

vi) Does the Applicant currently have:      Net Income       or  
   Net Loss                
   Amount \$ \_\_\_\_\_

B. Has an auditor in the previous two (2) fiscal years recommended a "going concern" opinion of the financial information for the Applicant?

Yes  No

*(If Yes, please provide details on a separate sheet)*

**III. Employees**

- A. Number of In-House employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_
- B. Salary ranges (including bonuses, dividends and commissions) Number of full time employees Number of part time employees
- |                          |       |       |
|--------------------------|-------|-------|
| Less than \$25,000       | _____ | _____ |
| \$ 25,001 to \$75,000 :  | _____ | _____ |
| \$ 75,001 to \$150,000 : | _____ | _____ |
| \$150,001 and over :     | _____ | _____ |
- C. Does the Applicant use seasonal or temporary In-House employees?  Yes  No  
 If so, when and how many? \_\_\_\_\_  
 Are these employees included in A and B above?  Yes  No
- D. Does the Applicant use leased In-House workers?  Yes  No  
 If yes, how many have been retained by the Applicant in the past 12 months? \_\_\_\_\_  
 Are these employees included in A and B above?  Yes  No
- E. Does the Applicant use independent contractors?  Yes  No  
 If Yes, how many? \_\_\_\_\_  
 Do you want coverage for these Independent Contractors?  Yes  No
- F. In the past 12 months, how many officers have left your employ? \_\_\_\_\_  
 Of the above, how many were terminated? \_\_\_\_\_
- G. In the past 12 months, how many other employees have left your employ? \_\_\_\_\_  
 Of the above, how many were terminated? \_\_\_\_\_

**IV. Coverage for Claims by Temporary Workers for Wrongful Employment Practices and/or Staffing Services Discrimination**

**ONLY APPLICANTS ANSWERING "YES" TO SECTIONS I.E. AND I.F. MUST COMPLETE THIS SECTION**

- A. Total Number of Temporary Workers registered with the Applicant during the last twelve (12) months: \_\_\_\_\_
- B. Total Number of billable hours completed by Temporary Workers during the past twelve (12) months: \_\_\_\_\_
- C. Number of Placed Temporary Workers in the following job classifications during the last twelve (12) months
- |              |       |
|--------------|-------|
| Medical      | _____ |
| Professional | _____ |
| Lawyers      | _____ |
| Clerical     | _____ |
| Manual       | _____ |

- D. Is the Applicant in compliance with Title III of the Americans with  Yes  No

Disabilities Act (building and premises requirements)?

**V. Client Defense Coverage**

**ONLY APPLICANTS ANSWERING "YES" TO SECTION I.F. MUST COMPLETE THIS SECTION**

A. Number of Temporary Workers placed at any client listed on the attached schedule during the last twelve (12) months: \_\_\_\_\_

**VI. Loss History**

A. Has the applicant reported all **claims** to underwriters or underwriters representatives?  
 Yes  No

(If not, Please complete the attached supplement).

**Please also ensure that any additional information is attached where applicable.**

**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 all proposed Insureds further warrants that if the information supplied on this renewal application changes between the date of this renewal application and the inception date of the Policy, it will immediately notify Underwriters of such change. Signing of this renewal application does not bind Underwriters to offer, nor the Applicant to accept, insurance, but it is agreed that this renewal application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.**

\_\_\_\_\_  
Date Signature of Applicant's Authorized Principal or Officer Title

\_\_\_\_\_  
Date Signature of Applicant's Authorized Human Resources Representative Title

**(PLEASE NOTE THAT BOTH DATED SIGNATURES ARE REQUIRED)**

**SUPPLEMENTAL CLAIM INFORMATION**

Claimant(s): \_\_\_\_\_

Position/Title(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

Position/Title(s): \_\_\_\_\_

Claim status:            Incident                            Claim                            Suit

Venue:  
(Court or Agency) \_\_\_\_\_

Date of act(s) causing claim / incident: \_\_\_\_\_

Date claim / incident reported to the applicant: \_\_\_\_\_

Nature of Claim and allegations:

Name of defense attorney and law firm: \_\_\_\_\_

Name of plaintiff attorney and law firm: \_\_\_\_\_

If Closed, total paid (defense and loss): \_\_\_\_\_

If Open:  
1. Claimant's demand: \_\_\_\_\_

2. Insurer's defense and/or loss reserves: \_\_\_\_\_

3. Defense costs incurred to date: \_\_\_\_\_

4. Applicant's settlement offer: \_\_\_\_\_

5. Applicant's estimate of settlement: \_\_\_\_\_

Remedial action taken to prevent a similar claim:

**Reduction In Force Supplement (H)**

- A. How many employees were laid off? \_\_\_\_\_
- B. What date(s) did the lay-off's take place? \_\_\_\_\_
- C. Did you consult with and follow the recommendations of a lawyer who specializes in labor and employment law as respects the implementation of such reduction, lay-off or closure?  
 Yes       No
- D. Were severance packages offered to all laid-off employees?       Yes       No
- E. Were signed releases gained from all laid-off employees?       Yes       No
- F. Were exit interviews completed with all laid-off employees?       Yes       No
- G. Did any of the laid off employees express that they were considering bringing any sort of complaint or claim?       Yes       No
- H. Please provide available details on the above.

**Reduction In Force Supplement (I)**

- A. How many employees will be laid off? \_\_\_\_\_
- B. What date(s) will the lay-off be effective? \_\_\_\_\_
- C. Do you agree to consult with and follow the recommendations of a lawyer who specializes in labor and employment law as respects the implementation of such reduction, lay-off or closure?     Yes     No
- D. Will severance packages be offered to all laid-off employees?     Yes     No
- E. Will signed releases be gained from all laid-off employees?     Yes     No
- F. Will exit interviews be completed with all laid-off employees?     Yes     No
- G. Please provide available details on the above.