

National Casualty Company

Home Office:

Madison, Wisconsin

Administrative Office:

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1-800-423-7675

RENEWAL APPLICATION FOR PERSONNEL CONSULTANTS AND TEMPORARY HELP SERVICES PROFESSIONAL LIABILITY AND EMPLOYMENT PRACTICES LIABILITY

**THE EPLI COVERAGE IS ON A CLAIMS MADE BASIS.
PLEASE READ THE COVERAGE PART CAREFULLY.**

NOTICE TO THE INSURED: THIS APPLICATION FOR THE EPLI COVERAGE PART IS ON A CLAIMS MADE BASIS. PLEASE READ THE COVERAGE PART CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER. EXCEPT FOR THE EXTENDED REPORTING PERIOD, THERE IS NO COVERAGE FOR CLAIMS REPORTED AFTER TERMINATION OF COVERAGE. DURING THE FIRST SEVERAL YEARS OF THE CLAIMS MADE RELATIONSHIP, CLAIMS MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES, AND AN INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS MADE RELATIONSHIP REACHES MATURITY.

THE DEDUCTIBLE AMOUNT SHOWN IN THE PERSONNEL CONSULTANTS AND TEMPORARY HELP SERVICES PROFESSIONAL LIABILITY AND EMPLOYMENT PRACTICES LIABILITY COVERAGE PARTS WILL BE APPLIED TO BOTH DAMAGES AND CLAIM EXPENSE. CLAIM EXPENSE WILL BE CHARGED AGAINST THE DEDUCTIBLE AND WILL NOT EXCEED FIFTY PERCENT (50%) OF SUCH DEDUCTIBLE. THE COMPANY WOULD ASSUME ANY CLAIM EXPENSE OVER THIS AMOUNT.

1. Name of **Applicant** (please include DBAs): **(Use an additional sheet of paper if necessary)** _____

Address: _____

City: _____ State: _____ Zip: _____

Web site Address: _____

Subsidiaries/Branch Offices: **(If all locations are the same as those listed on your current policy, just indicate "Same")** _____

2. Applicant is: Franchisor? Yes No

Franchisee?..... Yes No

3. Limits of Liability desired for Professional Liability same as expiring? Yes No

If "No," identify requested limits: _____

Deductible desired for Professional Liability same as expiring? Yes No

If "No," identify requested deductible: _____

MINIMUM/MAXIMUM DEDUCTIBLE WILL BE DETERMINED AFTER UNDERWRITING REVIEW.

4. Principal industries served by the Applicant for Temporary Placements: _____

Principal industries served by the Applicant for Permanent Placements: _____

5. Provide the following two year financial information: (REQUIRED)	Projected for the Current Year (12 month numbers— estimate if necessary)	Previous Year (12 month actual)
TOTAL ANNUAL GROSS REVENUES (Revenues before expenses)	\$	\$
TOTAL ANNUAL GROSS REVENUES DERIVED FROM PERMANENT PLACEMENT	\$	\$
TOTAL ANNUAL GROSS REVENUES DERIVED FROM TEMPORARY HELP PLACEMENT	\$	\$
TOTAL ANNUAL GROSS REVENUES DERIVED FROM OTHER SERVICES	\$	\$
Identify "OTHER" Services:		

6. Does Applicant have positive net worth? Yes No
7. Does Applicant have sufficient working capital? Yes No
- If questions 6. and/or 7. are answered "No," please submit your most current annual financial statement.**

8. How many Permanent Placements do you average annually? _____

9. How many Temporary Placements do you average annually? _____

10. a. Please provide the total amount of annual temporary placement payroll (including independent contractors), if any:
\$ _____

b. If a payroll amount was indicated in question 10.a. above, please provide the percentage of total payroll for Temporary Placements by type (this must add up to one hundred percent [100%]).

If there has been no change since last year, indicate "Same": _____

A	Clerical _____ %	D	Accountant*** _____ %	
	Secretarial _____ %		Actuary*** _____ %	
B	Construction _____ %		Auditor _____ %	
	Temporary Drivers* _____ %		Collection Agent _____ %	
	Industrial/Manufacturing _____ %		Customer Service Representative _____ %	
	(describe placements in detail): _____ _____ _____		Insurance Adjuster*** _____ %	
C	Bank Teller _____ %		Investment Counselor, Broker or Advisor _____ %	
	Bookkeeper _____ %		Lawyer*** _____ %	
	Call Center _____ %		Security Guard, Consultant, Trainer, Private _____ %	
	Data Entry _____ %		E	Information Technology*** _____ %
	Facilities/Property Management _____ %			EDP Software Engineer*** _____ %
	Food Service Worker _____ %			EDP Programmer*** _____ %
	Hospitality _____ %			EDP Other*** _____ %
	Human Resources _____ %		F	(describe): _____ _____
	Management Consultant _____ %			Architect*** _____ %
	Mortgage Broker _____ %			Draftsman*** _____ %
Paralegal _____ %	Civil Engineer*** _____ %			
			Electrical Engineer*** _____ %	

Real Estate Agent	_____ %	Mechanical Engineer***	_____ %
Sales Personnel	_____ %	Medical**	_____ %
Telemarketer	_____ %		
Other _____ % (describe): _____			

* **There is no coverage under the policy for the selection, recruitment or placement of temporary drivers of any vehicle or equipment for any client.**

** **Medical placement services are ineligible.**

- c. *** If temporary Professional Placements are made, are written client services contracts used? Yes No N/A
- If "Yes,"
1. Do they contain an Arbitration Clause? Yes No
 2. Do they contain a Hold Harmless Clause? Yes No
 3. Do they contain a Direction and Control of Client Clause? Yes No

If you have answered "No" to 2. and/or 3. above, you will be required to implement a Hold Harmless Clause and/or a Direction and Control Clause to your client services contracts for Professional Placements within ninety (90) days. Will you agree to do this? Yes No N/A

- d. If Architect or Engineer Temporary Placements are made, do they have sign-off authority on any project including blueprints? Yes No N/A
- e. If Insurance Adjuster Temporary Placements are made, do they have check drafting or claim settlement authority? Yes No N/A

11. **By state, please list the total number of locations and employees (including owners and employees of subsidiaries for which coverage is desired) for the current year:**

STATE (in which you have office locations)	NUMBER OF LOCATIONS	NUMBER OF PROFESSIONALS/PLACERS INVOLVED IN RECRUITING (including owners)	ALL OTHER EMPLOYEES/ INDEPENDENT CONTRACTORS IN YOUR OFFICE	TEMPORARY EMPLOYEES/ INDEPENDENT CONTRACTORS YOU PLACE WITH CLIENTS

12. On what percentage of candidates does the Applicant perform background checks? _____ %

13. Does the Applicant have a written procedural manual for employees to follow? Yes No

14. Is commercial general liability coverage currently in force? Yes No

If "Yes," please provide Insurance Company: _____
 Expiration date: _____ Limit of Liability: _____

15. **IS EMPLOYMENT PRACTICES LIABILITY INSURANCE (EPLI) COVERAGE DESIRED?** Yes No

If "No," skip to question 17.

If "Yes," identify requested deductible: \$ _____.

MINIMUM/MAXIMUM DEDUCTIBLE WILL BE DETERMINED AFTER UNDERWRITING REVIEW.

16. If EPLI coverage is desired and your expiring coverage with us includes EPLI coverage, are all your Employment Practice procedures the same as last year?..... Yes No N/A (EPLI is not desired)

If "Yes," skip to question 17.

If "No," identify (check all that applies) and describe changes to your Employment Practice procedures (use an additional sheet of paper if necessary):

- Employee Handbook or Manual: _____
- Individuals trained to handle Personnel/Human Resource functions: _____
- Sexual Harassment statement provided to your employees including:
 - Advice to report any harassment: _____
 - Who an incident should be reported to: _____
 - Sexual Harassment statements signed by the employees: _____
- EEOC statement provided to and signed by the employees: _____
- At-Will statements provided to the employees: _____
- Equal Opportunity notices posted in common areas: _____
- Procedures to comply with the American Disabilities Act: _____
- Use of formal, standardized employment applications with an EEOC statement: _____
- Maintenance of written records of all performance reviews and disciplinary actions: _____
- Written procedures in place that explains to management what procedures should be followed if a Temporary Placement Worker notifies you that he or she has been harassed: _____

17. CLAIMS

a. Since the completion of your last application has there been any Professional Liability or Employment Practices Liability (EPLI) claims, incidents or regulatory complaints made against you, any employee or former employee, the Applicant or anyone proposed for this insurance, in the last year? Yes No
If "Yes," how many? _____

If "Yes," please complete a Claim/Circumstance/Administrative Hearings Supplement for each claim.

b. Since the completion of your last application have you or anyone proposed for this insurance become aware of any circumstances which might give rise to a Professional Liability or EPLI claim, incident or regulatory complaint?..... Yes No
If "Yes," how many? _____

If "Yes," please complete a Claim/Circumstance/Administrative Hearings Supplement for each incident.

c. Since the completion of your last application have you or anyone proposed for this insurance become aware of any charges, inquiries, investigations, grievances or other administrative hearings in the last year or currently? Yes No
If "Yes," how many? _____

If "Yes" to any, please complete a Claim/Circumstance/Administrative Hearings Supplement for each.

SIGNATURE SECTION AND OTHER INFORMATION

NOTE: Please recheck all answers and sign below. Coverage cannot be bound without signature or if this application is incomplete.

THE UNDERSIGNED REPRESENTS TO THE BEST OF HIS OR HER BELIEF AND KNOWLEDGE, AFTER REASONABLE INQUIRY AND DUE DILIGENCE, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY SUPPLEMENTS THERETO ARE TRUE AND CORRECT.

THE UNDERSIGNED DECLARES THAT ANY CLAIM, INCIDENT OR CIRCUMSTANCE TAKING PLACE PRIOR TO THE EFFECTIVE DATE OF THE INSURANCE APPLIED FOR WILL IMMEDIATELY BE REPORTED IN WRITING TO THE INSURER. AS A RESULT, THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE THE INSURANCE, NOR DOES THE REVIEW OF THIS APPLICATION BIND THE INSURANCE COMPANY TO ISSUE A POLICY.

THE APPLICANT UNDERSTANDS AND AGREES THIS APPLICATION AND ANY SUPPLEMENTS THERETO SHALL BE INCORPORATED INTO ANY POLICY THAT MAY BE ISSUED AND THE UNDERWRITERS ARE RELYING ON THE TRUTH OF THE STATEMENTS SET FORTH HEREIN IN MAKING A DETERMINATION TO ISSUE ANY POLICY. THE APPLICANT ALSO UNDERSTANDS AND AGREES THIS APPLICATION FOR COVERAGE DOES NOT MEAN ANY REQUESTED COVERAGES, LIMITS OR DEDUCTIBLES SHALL BE GRANTED IN FACT; UNDERWRITERS MUST AGREE TO ANY REQUESTS WHETHER IN THE APPLICATION OR OTHERWISE.

THE UNDERSIGNED INDIVIDUAL REPRESENTS HE OR SHE IS DULY AUTHORIZED AND EMPOWERED TO MAKE THIS APPLICATION, INCLUDING THE REPRESENTATION, ON BEHALF OF THE APPLICANT OR ANY INDIVIDUAL WHO MAY SEEK COVERAGE UNDER ANY BINDER OR INSURANCE POLICY ISSUED IN RELIANCE HEREON.

By your signature below, you also acknowledge that you are aware that for the Professional Liability and Employment Practices Liability Coverage Parts, claim expense which is incurred shall be applied against the deductible up to fifty percent (50%) of such deductible and the Company will assume any claim expense over this amount.

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.

_____	_____
Name of Applicant	
_____	_____
Signature and Title of Principal (must be owner, partner or officer)	Date

Print Name and Title of Principal Signing Above	
_____	_____
Signature of Individual Responsible for Human Resources	Date