



**TARGET INSURANCE SERVICES®**  
*Programs for Particular People*

**STAFFING & RECRUITMENT FIRMS**  
**Checklist for Package / Umbrella Application**

PLEASE NOTE: Errors & Omissions, Employment Practices Liability and General Liability for Staffing Firms is available through a separate, National Casualty Company application

**Broker Name** \_\_\_\_\_  
**Client Name** \_\_\_\_\_

**In order to provide you with the most efficient service, please ensure that the following documents are submitted with your completed application:**

**Date  
 Received  
 (For Target Use Only)**

- |  |       |
|--|-------|
| 1. Copy of all Client Service Agreements (between Insured and Insured's Clients)   | _____ |
| 2. Current, three-year Loss Runs from present / previous carrier(s)  | _____ |
| 3. Sales brochure and/or Web address (If not available, please attached sample Time Card)  | _____ |
| 4. Employment Application  | _____ |
| 5. If in business less than three years, attach resumes of owners and managers   | _____ |
| 6. For medical clerical risks (excluding MDs), attach copy of Professional Liability Dec Page.                                       | _____ |
| 7. If Employers Liability is to added as underlying to Umbrella, attach copy of current Dec Page with minimum limits of \$1 million. | _____ |
| 8. Attach signed application(s)  | _____ |



**STAFFING & RECRUITMENT FIRMS  
 APPLICATION FOR PACKAGE / UMBRELLA COVERAGE  
 CAPITOL INDEMNITY INSURANCE CO.**

**APPLICANT INFORMATION**

POLICY INFORMATION		NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	
Proposed Effective Date	Proposed Expiration Date	<input type="checkbox"/> Temporary Help <input type="checkbox"/> Employment Agency <input type="checkbox"/> PEO (Employee Leasing Firm)	<input type="checkbox"/> Industrial Temp Help (Day Pay) <input type="checkbox"/> Medical Staffing/Homecare
		<b>Is the applicant involved in any other business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Federal ID #: _____   Incorporation Date: _____	

Name (First Named Insured and other Named Insureds)

Mailing Address (First Named Insured Only)

Business Phone Number	Fax Number	E-Mail Web Address
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Franchise <input type="checkbox"/> Franchisor <b>If either, provide copy of contract</b> <input type="checkbox"/> Independent <input type="checkbox"/> Other (Describe):	Years in Business

**OWNER / OFFICER INFORMATION**

Name	Title	% Ownership	Active in Business?

**UNDERWRITING SECTION (Complete this Section for each state the company does business in)**

State: _____	Annual Sales	Annual Payroll	# of W2's (Last Calendar Year)	# 1099's	# of In-House Office Staff	# Recruiters & Consultants
Temporary	\$	\$				
Medical Staffing	\$	\$				
Employee Leasing	\$	\$				
Home Care Only	\$	\$				
Industrial DayPay	\$	\$				
Employment	\$	N/A				
<b>TOTALS</b>	\$	\$				

**CLASS OF BUSINESS (Include all employees who are leased or placed as temporary employees by the insured)**

CLASS	PAYROLL	CLASS	PAYROLL
Clerical	\$	Architects/Non-SoftwareEngnrs.	\$
Bank Tellers	\$	Security Guards	\$
Light Industrial*	\$	Programmers	\$
Drivers / Transportation	\$	Accountants	\$
Heavy Industrial & Construction	\$	Medical-RN, LPN, etc.	\$
Attorneys	\$	All Other Classes	\$

\*If payroll is shown under Light Industrial, please describe these placements:

**GENERAL INFORMATION: This section is required for all employers.**

**1. Do you conduct background checks?**

Yes, All Employees     Money handlers only     Upon client request only     No

**2. Do you check employee references?**

Yes     No    **If Yes, how are they checked?**     Verbal     Written     Both

**3. If you do not request and check references, please explain why:**

**4. Do you question prospective employees as to any criminal record?**

Yes     No    **If Yes, please explain:**

**5. Do you verify certification and/or professional licensing status of employees that require a city or state license?**

Yes     No

**6. Are job descriptions provided for all professional employees?**  Yes     No

**For non-professional employees?**     Yes     No

**7. Does applicant utilize a formal risk management program? (e.g., Risk Control Services)**

Yes     No

**8. Are backup media / software stored at a separate location?**

Yes     No

**9. Do you have any owned autos?**

Yes     No

**9a. Owned auto carrier**

**9b. Policy Number**

**9c. Exp. Date**

**9d. Limits**

**10. Do you provide transportation to the job?**

Yes     No    **If Yes, please explain:**

**11. Do you place Temp Drivers or Temp Employees whose main responsibility is driving?**

Yes     No    **If Yes, please explain:**

**12. Do you make any type of placements outside of the United States?**     Yes     No

**If Yes: # of placements?** \_\_\_\_\_ **Avg. duration of assignment?** \_\_\_\_\_ **Est. Payroll: \$** \_\_\_\_\_ **Countries:** \_\_\_\_\_

**13. Do you pay daily or weekly?**

Daily     Weekly

**14. Do you use a standard contract?**

Yes     No    **If Yes, please attach copy of contract**

**15. Do you sign Hold Harmless Agreements?**

Yes     No    **If Yes, please attach copies of signed agreements**

**16. Do you obtain a waiver, hold harmless or indemnification agreement from client companies that absolves you from any responsibility for claims resulting from the operation of any Fixed Machinery or Mobil Equipment such as Forklifts, Golf Carts, Floor Sweepers?**

Yes     No    **If Yes, please attach copies of signed agreements**

**NOTE: If you have clients that request additional insured endorsements, please attach a completed Additional Insured Application for each request.**

**PROGRAMMER QUESTIONNAIRE (if applicable)**

**1. What type of program applications are done for clients?**

- Accounting       Inventory       Scientific       Medical       Engineering       Other: \_\_\_\_\_

**2. Do you use contracts?**

- Yes       No      **If Yes, attach copy of contract**

**3. Do temps have sign-off authority?**

- Yes       No

**ATTORNEY QUESTIONNAIRE (if applicable)**

**1. What type of placements do you make?**

- Insurance Claims       Research       Trial       SEC Work       Personal Injury       Other: \_\_\_\_\_

**2. Have you confirmed all attorney applicants are currently licensed with no disciplinary action pending?**

- Yes       No

**3. Do any attorneys you place have final sign-off authority?**

- Yes       No

**4. Do you use contracts?**

- Yes       No      **If Yes, attach copy of contract**

**5. Do you sign Hold Harmless Agreements?**

- Yes       No      **If Yes, attach a copies of signed agreements**

**ACCOUNTANTS QUESTIONNAIRE (if applicable)**

**1. Types of Accounting**

- General Accounting       Auditing       Tax Work       SEC Work       Consulting       Other: \_\_\_\_\_

**2. Do any accountants you place have final sign-off authority?**

- Yes       No

**BANK TELLERS / MONEY HANDLING POSITIONS QUESTIONNAIRE (if applicable)**

**1. Do you place bank tellers or money handlers?**

- Yes       No

**2. If Yes above, do you perform background checks? (Required for Bond and Errors & Omissions coverage)**

- Yes       No

**CURRENT POLICY INFORMATION**

Current Coverage	Insurance Carrier	Limits of Liability	Deductible	Expiration Date	Annual Premium
General Liability					
Property					
Hired/Non Owned Auto					
Crime					
Errors & Omissions					
Workers' Compensation					

**CLAIMS INFORMATION**

**Note: If you want this quote to qualify for experience rating, please provide 3 years Loss Runs (hardcopy) from prior carriers.**

**1. Have you had a loss in the past three years for:**

- Property    Liability    Crime    E & O    Hired/NOA    Owned Auto    Excess Liability    Other

**For New Business Submissions Only:** If Yes to any of the above, please attach a detailed explanation, including amounts paid

**2. Do you have any knowledge or information that can reasonably be expected to turn into a claim?**

- Yes    No                      **If Yes, please attach an explanation**

**3. If any losses in the past three years involve forklifts, or if you answered Yes to question 2. and the potential claim involves forklifts, please provide details below and answer the following questions:**

**A. Are the operators licensed to operate a forklift?**

- Yes    No

**B. Do employees/temps receive training in operating a forklift?**

- Yes    No                      **If Yes, please provide details.**

**C. Is there a supervisor on the premises monitoring the temps who operate forklifts?**

- Yes    No

**FORK LIFT CLAIM(S) DETAILS:**

**PROPERTY SECTION**

**For multiple locations, please complete a copy of this page for each location.**

<b>Location Number</b>		Address and County (Note: when adjusting business income/extra expense claims, suite #'s are not applicable)												
<b>Construction Type</b>	<b>Prot. Class</b>	<b># Stories</b>	<b>Year Built</b>	<b>Area Occupied (Sq.Ft.)</b>	<b>Sq. Ft. Occupied as Employment Agency</b>	<b>Other Occupancies</b>								
<b>Burglar Alarm</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes : <input type="checkbox"/> Central <input type="checkbox"/> Local			<b>Dead Bolts?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Fire Protection</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes:</b> <input type="checkbox"/> Central <input type="checkbox"/> Local									
<b>Building Improvements (Complete if building is over 40 years old)</b> Wiring-Year Completed _____ Plumbing-Year Completed _____ Heating-Year Completed _____ Roofing-Year Completed _____ Other: _____ Year Completed: _____					<b>Coastal Properties Only</b> Distance from water: _____									
<b>Property Coverages</b>		<b>ACV / RC</b>	<b>Desired Limits</b>	<b>Deductible Desired</b>	<b>Co-Ins. %</b>	<b>Form</b>								
Building			\$	\$	%	Special								
Office Contents Inc. Tenant Improvement			\$	\$	90% Agreed Amt Replacement Cost	Special								
Property of Others (CCC Coverage-Optional)			\$	\$ N/A	N/A									
Property of Others (Replaces Fire Legal Liability)			\$	\$ Incl.	N/A	Legal Liability								
Business Income and Extra Expense			\$	\$ Incl.	N/A									
<b>Inland Marine Coverages</b>														
Valuable Papers			\$	\$	N/A	Inland Marine								
Accounts Receivable			\$	\$ Incl.	N/A	Inland Marine								
(A) Computer Hardware / Software Lap Tops <b>(must be scheduled)*</b>			\$	\$ Incl.	N/A	EDP								
Computer in Transit – (DOES NOT INCLUDE LAP TOPS)			\$	\$ Incl.	N/A	EDP								
<b>Miscellaneous Coverages – Use Inland Marine ACORD Floater App</b>														
Fine Arts Floater			\$	\$	Use ACORD App.	Inland Marine								
Glass Coverage Interior:			\$	\$	Use ACORD App.	Inland Marine								
Exterior:														
Sign Coverage			\$	\$	Use ACORD App.	Inland Marine								
<p><b>*Lap Tops must be scheduled to be covered:</b></p> <table style="width:100%;"> <tr> <td><b>Make:</b> _____</td> <td><b>Make:</b> _____</td> </tr> <tr> <td><b>Model:</b> _____</td> <td><b>Model:</b> _____</td> </tr> <tr> <td><b>Serial Number:</b> _____</td> <td><b>Serial Number:</b> _____</td> </tr> <tr> <td><b>Value:</b> _____</td> <td><b>Value:</b> _____</td> </tr> </table>							<b>Make:</b> _____	<b>Make:</b> _____	<b>Model:</b> _____	<b>Model:</b> _____	<b>Serial Number:</b> _____	<b>Serial Number:</b> _____	<b>Value:</b> _____	<b>Value:</b> _____
<b>Make:</b> _____	<b>Make:</b> _____													
<b>Model:</b> _____	<b>Model:</b> _____													
<b>Serial Number:</b> _____	<b>Serial Number:</b> _____													
<b>Value:</b> _____	<b>Value:</b> _____													



**UMBRELLA APPLICATION**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**POLICY INFORMATION**

Transaction Type:     New                       Renewal  
Expiring Policy Number: \_\_\_\_\_

Proposed Retroactive Date: \_\_\_\_\_ Current Retroactive Date: \_\_\_\_\_

Limits of Liability: \$ \_\_\_\_\_ Each Occurrence                      Retained Limit: \$ \_\_\_\_\_

**UNDERLYING GENERAL LIABILITY INFORMATION**

1. Defense costs     Within aggregate limits     Separate limits     Unlimited
2. Edition date of the ISO Simplified Form or similar filing for the underlying coverage: \_\_\_\_\_
3. For claims made, was "tail" coverage purchased for any previous primary or excess policy?  Yes     No  
    **If Yes, Effective Date:** \_\_\_\_\_

<b>AUTO</b>	<b>VEHICLE TYPE</b>	<b>#Owned</b>	<b>#Non-Owned</b>	<b>#Leased</b>
1. Are passengers carried for a fee? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Are units insured by underlying policies? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Are any vehicles leased or rented to others? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Are Hired and Non-Owned coverages provided? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**UNDERLYING EMPLOYERS LIABILITY**

1. Current carrier: \_\_\_\_\_
2. Is applicant self-insured in any state?     Yes     No
3. Stop Gap?                       Yes     No  
    **If yes, list States for Stop Gap:** \_\_\_\_\_

**MISCELLANEOUS**

**Professional type employees: (e.g., Architects, Engineers, Telecommunications, Accountants, Attorneys)**

I understand that there is no coverage if the professionals I place render a final opinion or sign off on a project. I further agree not to place employees of the above type in a job of authority (all will be under the client's supervision). Also, for the above professional employees, I have not and will not sign a hold harmless agreement with any client.

**IMPORTANT:** The statements (answers) given above are true and accurate. The applicant has not willfully concealed or misrepresented any material fact or circumstance concerning this application. Applicant understands this application does not constitute a binder.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Various state required statements**

This application does not bind the applicant to buy, or the company to issue the insurance but it is agreed that this application shall be the basis of the contract should a policy be issued. The applicant declares that the statements set forth in this application are true to the best of his/her knowledge and belief, after reasonable inquiry. The applicant further declares that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such changes. Depending on the changes made, the company may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance.

Notice to Arkansas, Minnesota, and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she 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, which is a crime.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 Florida Applicants: Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim or an application containing any false or misleading information is guilty of a felony of the third degree.

Notice to Kentucky Applicants: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any 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 and Virginia Applicants: It is unlawful to knowingly 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, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

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 Oklahoma Applicants: 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 & Texas Applicants: Any person who makes an intention misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to Pennsylvania 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 subjects such person to criminal and civil penalties.

**NOTE:** I understand there is no coverage for Lap Top Computers unless they are scheduled.

**All property values submitted and shown in the application by address are correct to the best of my knowledge for the agreed amount endorsement and represent values to be at least 100% to value. I have read and agree to the limits used on the business income and extra expense, accounts receivable and valuable papers coverage. I will provide any changes in value in writing.**

**Applicant's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submitting Broker's Name:** \_\_\_\_\_