

## STAFFING SERVICES PROFESSIONAL LIABILITY APPLICATION

This application is for a Claims Made and Reported Policy.

<b>General Applicant Information</b>
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1. Name of Applicant: \_\_\_\_\_  
(include DBA's)
2. Principle Address: \_\_\_\_\_  
  
City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_
3. Contact name: \_\_\_\_\_ Contact Title: \_\_\_\_\_  
  
Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_
4. Applicant's website: \_\_\_\_\_
5. Applicant is:  Corporation  Partnership  Individual  LLC  Other \_\_\_\_\_
6. Date Applicant was established: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
7. Please list the names, and year established, of all predecessor firms of the Applicant where the Applicant is a successor to the former firm's assets and liabilities:

8. Is the Applicant firm controlled, owned or associates with any other firm, corporation or company?  
 Yes  No If yes, attach an explanation.

Are any professional services you are seeking coverage for provided to such business enterprise?  
 Yes  No

9. Number of principals, partners, officers and professional employees directly engaged in providing services to clients: \_\_\_\_\_
10. Number of non-professional employees (clerks, assistants, etc.): \_\_\_\_\_
11. Check which professional services you are applying for and the total gross revenues derived from each of those services:

		Total Gross Revenues		
<b>Professional Services</b>		<b>Current year</b> (projected)	<b>Last year</b>	<b>Prior year</b>
<input type="checkbox"/>	Temporary Help / Staffing Services			
<input type="checkbox"/>	Recruiting Services			
<input type="checkbox"/>	Career Counseling Services			
<input type="checkbox"/>	Professional Employer Organizations*			

\*If the Applicant provides Professional Employer Organization service please complete the Professional Employer Organization Supplemental Application.

12. Is the Applicant engaged in any business or profession other than as described in item 11. above?  
 Yes  No If yes, please attach and explanation and estimated revenues.
13. Does the Applicant utilize services of independent contractors or subcontractors?  Yes  No  
 If yes, please indicate what percentage of gross revenue derived from professional services indicated in item 11. above are performed by contractors or subcontractors:
14. Does the Applicant have written contracts with all clients?  Yes  No  
 Do the contracts contain the following?
- a. Guarantees or warranties  Yes  No
  - b. Hold harmless agreements inuring to the Applicant's benefit  Yes  No
  - c. Hold harmless agreements inuring to the client's benefit  Yes  No
  - d. A Direction or Control of the Client Clause  Yes  No
  - e. Specific description of services to be provided to the client  Yes  No
  - f. Insurance coverage/limits your clients are required to maintain:  Yes  No
15. To what professional societies and organizations does the Applicant belong?

<b>Requested Coverage</b>
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16. Desired Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
17. Limits of Liability desired:
- |           |                                    |                                    |                                      |                                      |                                      |
|-----------|------------------------------------|------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Per Claim | <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> \$3,000,000 |
| Aggregate | <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> \$3,000,000 |
18. Deductible desired:
- \$2,500  \$5,000  \$10,000  \$25,000  Other \_\_\_\_\_

<b>Insurance History</b>
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19. Has the Applicant, its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance, had professional liability or similar insurance declined, cancelled or non-renewed?  Yes  No If yes, please explain:

20. Is insurance similar to that being applied for currently in force?  Yes  No

If yes, please provide:

a. Name of Insurer: \_\_\_\_\_

b. Policy period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

c. Limits: per claim \_\_\_\_\_ aggregate \_\_\_\_\_

d. Deductible: \_\_\_\_\_

e. Premium: \_\_\_\_\_

f. Prior acts/retroactive date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Temporary Help/Staffing Services</b>
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21. Provide a payroll breakdown of the types of temporary worker placements:

	Current year -12 month numbers (projected)			Previous year – 12 month actual		
	payroll	Number of full-time employees	Number of part-time**employees	payroll	Number of full-time employees	Number of part-time**employees
Executive / Managerial						
Clerical / Administrative						
Financial / Actuarial						
Accountants / Bookkeepers						
Computer / IT Services						
Attorneys						
Architects / Engineers						
Light Industrial / Warehouse						
Janitorial Services						
Heavy Industrial / Construction / Heavy equipment operators						
Security Services						
Medical / Home health aids*						
Drivers / Transportation						
Hospitality / Food service						
Customer service / Call center						
Other (describe):						

\* Medical placement services are ineligible for coverage

\*\* Part-time means <32 hours per week.



**Career Counseling Services**

27. Describe services provided and percentage of total Career Counseling revenue:

Services	Current year (projected)	Previous year
	100%	100%

**Litigation and Claim Information**

28. Has the Applicant and/or any of its directors, officers and/or employees, its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance been involved in or have knowledge of any pending or completed governmental regulatory, investigative or administrative proceedings?  Yes  No If yes, explain.

29. After inquiry have any claims been made against the Applicant and/or any of its directors, officers and/or employees, its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance during the past five (5) years?  Yes  No

If yes, how many claims have been made in the past five (5) years? \_\_\_\_\_

Please complete a Supplemental Claims Information form for each claim.

30. Does any person to be insured have knowledge, or should have had knowledge, of any act, error or omission which might reasonably be expected to give rise to a claim against him/her, the Applicant firm or any predecessor firm?  Yes  No If yes, please complete a supplemental Claim Information form for each.

**Representations**

It is understood and agreed that with respect to questions 28, 29 and 30 above, that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

The policy applied for, as stated in the policy, if issued, provides coverage on a claims made and reported basis for only those claims that are first made against the insured during the policy period, unless the extended reporting period option is exercised in accordance with the terms of this policy. The policy has specific provisions detailing claim reporting requirements.

Vela Insurance Services, Inc. or the Company is authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which Vela Insurance Services, Inc. receives notice is on file with Vela Insurance Services, Inc. and is considered physically attached to and part of the policy if issued. Vela Insurance Services, Inc. and the Company will have relied upon this application and all such attachments in issuing

the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Vela Insurance Services, Inc., who may modify or withdraw any outstanding quotation or agreement to bind coverage.

<b>Fraud Warnings</b>
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**Notice to Arkansas, Louisiana, 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 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 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, 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.

**Notice to Maryland Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 Mexico 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 civil fines and criminal fines.

**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 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.

<b>Warranty</b>
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I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Vela Insurance Services, Inc. or the Company.

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

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

Agent/Broker Name: \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, 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.

IN FLORIDA, 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 OF THE THIRD DEGREE.

IN KANSAS, 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 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.