



STAFFING SERVICE E&O
MAINFORM APPLICATION

(See Attached Supplemental)

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Answer all questions. Explain if the question does not apply. If space is insufficient, please attach an additional explanation sheet. The Application must be signed and dated by a partner, officer or director of the Applicant.

- 1. Name of Applicant: Requested effective date of policy:
2. Requested Limit of Liability: \$ Deductible: \$ (minimum \$1000)
3. Contact Person: Title: Website:
4. Telephone Number: Fax Number: Email:
5. Street Address: City: State: Zip Code:
6. Sole Proprietor Corporation Partnership Franchisor/Franchisee Individual Other
7. Are there other office locations? If yes, provide details. YES NO
8. Date company was established: Where is Company licensed or registered?
9. Average number of years of experience of key personnel in this field:
10. In the past five years has the name of the Company been changed or has any other business been purchased, or has any merger or consolidation taken place? If yes, provide details. YES NO
11. Describe nature of your business (mode or method of operation, type of services performed, where such operations are performed, etc.)

(You are being asked to describe the services, types of claims, exposures, or risks you want to insure. This information may be used to create "Named Insured's Professional Services" as it appears on the policy. Your suggested wording will be considered by the underwriters but is subject to change based on underwriting requirements or may be further negotiated. Your proposed wording is not an insuring agreement.)

- 12. Do you control, own, and/or manage any other business entity(ies)? YES NO
Do you provide any services to such business entity(ies)? YES NO
Does any employee of the applicant serve on the Board of Directors of any client of the applicant? YES NO
Provide detailed explanation to any "Yes" Responses
13. Do you require a written contract or agreement for services with your clients? (If yes, answer 13a-13d) YES NO
a. Hold harmless or indemnity agreements insuring to your benefit? YES NO
b. Hold harmless or indemnity agreements insuring to your client's benefit? YES NO
c. Guarantees or warranties? (Guarantees or warranties will not be covered under the SBE Miscellaneous E&O Policy) YES NO
d. Specific description of the services you will provide? YES NO
14. Gross Income: Present Financial Year \$ (Est.) Next Financial Year \$ (Est.)
*Insurance Agents/Brokers and Real Estate Agents, please list your COMMISSIONS.
15. Loss Control (all locations) - Do you utilize a procedures manual? YES NO
16. What additional safeguards or procedures do you employ to avoid liabilities or losses?
17. Number of employees who are: Full Time: Part Time: Sub Contractors*:
*Sub-contractors who work for others will not be covered under the SBE Miscellaneous E&O Policy.

CLAIMS HISTORY/EXPERIENCE: (For questions 18-20 answered yes, please complete the E&O Claim Supplement for each claim, circumstance, act, error or omission.)

To avoid loss of coverage, it is imperative that all known circumstances, acts, errors, omissions which could result in a professional liability claim against the Applicant, or any of its predecessor companies, be reported to your current insurer within the time period specified in your current policy.

As used in the questions below, the term "claim" shall mean a demand received by the Applicant for money or services, including the service of suit or institution of arbitration proceedings against the Applicant.

- 18. Have any claims or suits been made during the past five years against the Applicant or any of its predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, salespersons,

or employees? YES NO

It is agreed that if there is knowledge of any such circumstance, acts, errors, omissions or any claim subsequently emanating therefrom shall be excluded from coverage under the insurance being applied for.

19. Is the Applicant aware of any circumstances, alleged acts, errors or omissions, or of any offenses which may reasonably be expected to result in a claim being made against the persons or entities described above? YES NO

20. Has the Applicant or any of its predecessors in business or subsidiaries or affiliates or any of the past or present partners, owners, officers, salespersons or employees been investigated and/or cited by any administrative or regulatory agency for violations arising out of their activities? YES NO

21. Please provide the following information for similar insurance, if any, carried during the last five years. If none carried, state so. Include any coverage which may be directly related or may respond in part to the exposure.

<u>Policy Period</u>	<u>Renewal Date</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>

22. Has any application for insurance similar to the insurance sought by this application been made by or on behalf of the Applicant or any of its predecessors in business or present partners, owners, officers, sales personnel or employees ever been declined or has any such insurance ever been canceled or renewal refused? *If yes, provide details*..... YES NO

23. a. Please provide the following information for your **general liability coverage (CGL)** currently in force and for the immediate past 3 years.

<u>Policy Period</u>	<u>Renewal Date</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>

b. Does it include coverage for products and completed operations hazards? YES NO

CHECKLIST: Have you attached the following?

- Any additional details YES NO N/A
- Copies of standard contract with clients? YES NO
- Copies of resumes of key personnel including any applicable continuing education and/or training completed?..... YES NO
- Any marketing materials providing information about the services you perform? YES NO

NOTICE

All Policies, if issued, include a deductible applying to the cost of defense, judgment and settlement or any combination thereof and, as stated in the Policy, the costs of legal defense are included within the limits of liability except as otherwise endorsed. The limits of liability shall be reduced, and may be completely exhausted, by costs, charges and expenses and, in such event, the insurers shall not be liable for costs, charges and expenses or for Damages to the extent that costs, charges and expenses or Damages exceed the limits of liability stated in the Declarations of the Policy.

The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. The Applicant further warrants that if the information supplied on this Application changes between the date of this Application and the inception date of the Policy, the Applicant will immediately notify underwriters of such change prior to inception of the Policy. Signing of this Application does not bind the Insurer to an offer nor the Applicant to accept insurance. The Applicant understands and agrees that this Application and any other previous applications, along with any attachments and supplied information thereto shall be a material and integral part of the Policy and any part of any Policy that may be issued by the Insurer, and the statements made herein shall be construed as representations and warranties of the Applicant.

This Application is for a "CLAIMS MADE AND REPORTED" BASIS POLICY which limits liability to claims first made and reported against the Applicant during the Policy Period. Coverage, if completed, will not apply to any known circumstance, act, error or omission that occurred before the inception of the Policy Period. The Applicant agrees that in the event of covered claims, the Applicant will be required to be defended by the Insurer's appointed Attorneys and that the deductible under the Policy shall apply to claims and including (whether or not indemnity payment is made) expenses, investigations costs, and legal fees. If however, the Applicant elects to handle a claim without in any way involving the Insurer's Attorneys, then no coverage for such a claim is afforded the Applicant under the Policy.

By signing this Application form, the Applicant confirms that they have been provided with and inspected a specimen of the Small Business Essentials – Miscellaneous Errors & Omissions wording. It is recommended that the Applicant take time to review the policy to ensure that they fully understand the Coverage provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage.

In addition to all other terms and conditions:

Applicable in Kentucky. 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.

WARNING

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 WHO CONCEALS, FOR THE PURPOSE OF MISLEADING INFORMATION ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Date Signed by Partner, Officer, or Director Title



SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION Staffing and Employment Services (Supplemental)

1. Name of **Your** firm:

2. Advise percentage of:

Permanent placements: _____%

Temporary placements: _____%

3. Types of placements (check all that apply):

Perm - Temp

Executives/Officers

Doctors/Nurses

Engineers/Architects

Light Industrial

Licensed Professionals

please describe:

Perm - Temp

Clerical/Office

Machine Operators (skilled)

Machine Operators (unskilled)

Research/Lab Technicians

Bookkeeping

Perm - Temp

Construction

Driving/Truckers

Educational/Teaching

CPAs

Other – please describe:

4. What percentage of **Your** income is derived from:

Candidate paid fees: _____%

Employer paid fees: _____%

5. Do **You** administer job tests to applicants? Yes No

If yes, please describe types of tests administered:

FOR TEMPORARY PLACEMENT SERVICES:

6. Advise approximate percentage of payroll to temps as a percentage of gross revenue: _____%

7. To complete **Your** application, please attach the following items:

- a. sample contract/written agreement(s) between **You** and employer;
- b. time card, including all conditional wording (TEMPORARY PLACEMENTS ONLY);
- c. promotional material /brochures/advertisements used by **Your** firm.

THIS EMPLOYMENT AGENCY/EXECUTIVE SEARCH SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

Date

Your Signature/Title

NOTE: THE SIGNATURE MUST BE THAT OF AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER OF YOUR FIRM.