

Target Professional Programs

Staffing & Recruitment Firms Professional Liability / Employment Practices Liability Cost Indication Request

1. **Firm Name** _____ (Please include DBAs, adding a page if necessary)
Date Established _____ **Web Address** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Contact Name _____ **Title** _____
Phone _____ **Fax** _____

2. **Limits of Liability desired for Professional Liability**

- \$250,000/\$500,000 \$250,000/\$750,000 \$500,000/\$500,000
 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000 Other: \$ _____ /\$ _____

Deductible desired for Professional Liability

- None \$2,500 \$5,000 \$7,500 \$10,000 \$25,000
 \$50,000 Greater than \$50,000 (indicate amount): \$ _____

3. **Effective Date desired** _____

4. **Estimated annual gross revenues from:**

Permanent Placements \$ _____ Temp Help Placements \$ _____ Other Services \$ _____

5. Please provide the total amount of annual temporary placement payroll, if any \$ _____.

If a payroll amount was indicated above, please provide the percentage of total payroll for temporary placements by type. Total must equal 100%

Clerical/Secretarial _____% Construction/Manufacturing/Industrial _____% Information Technology _____%

Sales/Retail/Data Entry/RealEstate/Hospitality/Bookkeepers/Tellers/Banking/HR _____%

Accounting/Customer Service/InsuranceAdjuster/MortgageServices/Lawyers _____%

Other _____% Describe _____

6. Number of professionals/placers involved in recruiting (including owners) _____

7. On what percentage of candidates are background checks performed? _____%

8. Do you have a procedure manual for employees to follow? Yes No

9. If EPLI coverage is desired:

1. Do you have a sexual harassment statement that is signed by all employees? Yes No
2. Do you have an employee handbook? Yes No
3. Do you have an EEOC statement that is signed by all employees? Yes No
4. Do you provide an At Will statement to your employees? Yes No

10. Have you had any Professional Liability or EPLI claims, incidents, EEOC complaints or state employment agency complaints in the last 5 years? Yes No

If "Yes," provide details on a separate page, including defense costs and any indemnity payments made.

Please Note: Any preliminary premium indication provided based on completion of this form is not binding on the carrier. It does not obligate the carrier to bind coverage and/or issue an insurance policy. A full application is required to request a firm quote and the carrier reserves the right to decline to quote based on risk assessment.

Applicant Signature

PLEASE FAX COMPLETED FORM TO: 860-679-9391