

# National Casualty Company

Home Office:

Madison, Wisconsin

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

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)
<b>TOTAL ANNUAL GROSS REVENUES (Revenues before expenses)</b>	\$	\$
<b>TOTAL ANNUAL GROSS REVENUES DERIVED FROM PERMANENT PLACEMENT</b>	\$	\$
<b>TOTAL ANNUAL GROSS REVENUES DERIVED FROM TEMPORARY HELP PLACEMENT</b>	\$	\$
<b>TOTAL ANNUAL GROSS REVENUES DERIVED FROM OTHER SERVICES</b>	\$	\$
<b>Identify "OTHER" Services:</b>		

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 (describe placements in detail): _____ _____ _____	_____ %		Customer Service Representative	_____ %	
				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*** (describe): _____ _____	_____ %
	Human Resources	_____ %		F	Architect***	_____ %
	Management Consultant	_____ %			Draftsman***	_____ %
	Mortgage Broker	_____ %			Civil Engineer***	_____ %
Paralegal	_____ %	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