

# National Casualty Company

Home Office:  
Scottsdale, Arizona 85258  
Administrative Office:  
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1-800-423-7675

## RENEWAL APPLICATION PERSONNEL CONSULTANTS AND TEMPORARY HELP SERVICES

**EACH COVERAGE PART MAY BE OFFERED ON A CLAIMS MADE AND REPORTED BASIS.  
PLEASE READ THESE COVERAGE PARTS CAREFULLY.**

1. Name of Applicant (please include DBAs):

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website Address: \_\_\_\_\_

New Subsidiaries/Branch Offices: (If all locations are the same as those listed on the current policy, please indicate "Same")

\_\_\_\_\_

2. 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.**

3. Does the Applicant still serve the same principal industries for temporary and permanent placements as those noted on the last application? .....  Yes  No

If "No," describe change: \_\_\_\_\_

\_\_\_\_\_

4. Number of average annual placements: Permanent: \_\_\_\_\_ Temporary: \_\_\_\_\_

5. Provide the following financial information for the last two years:

Current Year (Twelve [12] month numbers—estimate if necessary)	Previous Year (Twelve [12] month actual)
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Total annual gross revenues (revenues before expenses):

Total annual gross revenues derived from permanent placement:

Total annual gross revenues derived from temporary help placement:

Total annual gross revenue derived from other services:

Identify "other" Services: \_\_\_\_\_

6. Does Applicant have positive net worth and working capital? .....  Yes  No

If "No," describe reason: \_\_\_\_\_

\_\_\_\_\_

7. Since the last application, have there been any changes to the total number of locations and employees (including owners and employees of subsidiaries) for which coverage is desired? .....  Yes  No  
 If "No," skip to question 8. If "Yes," provide the following:

STATE (in which offices are located)								
Current Number of Locations								
Current Number of Professionals/ Placers involved in recruiting (including owners)								
Current Number of All other employees/independent contractors								
Temporary employees/independent contractors placed with clients								

8. a. Total annual temporary placement payroll (including independent contractors): ..... \$ \_\_\_\_\_  
 b. If a dollar amount was indicated in question 8.a. above, are percentages of total payroll for types of temporary placements the same as last year? .....  Yes  No  N/A  
 If "Yes" or "N/A," please skip to question 9.  
 If "No," provide percentages by placement type (Total must equal one hundred percent [100%])

Placement Type		Percentage
A	Clerical/Secretarial	%
B	Industrial Staff, Construction, Temporary Drivers*	%
C	Bank Tellers, Bookkeepers, Call Center, Data Entry, Facilities/Property Management, Hospitality, HR, Mortgage Broker, Paralegals, Real Estate Agent, Sales Personnel, Telemarketer, Management Consulting	%
D	Accountants*, Actuaries*, Auditors, Collections, Customer Service, Insurance Adjusters, Investment Brokers or Advisor (no check drafting or auditor opinions), Lawyers*	%
E	IT, EDP Software Engineer*, EDP Programmer*	%
F	Architect*, Draftsman*, Civil Engineer*, Electrical Engineer*, Mechanical Engineer*, Medical*	%
Other (Describe): _____		%

\* Coverage restrictions may apply based on eligibility.

9. Are written client services contracts used for Professional Placements? .....  Yes  No  N/A  
 a. If "Yes," does contract contain a Hold Harmless Clause? .....  Yes  No  
 b. If "Yes," does contract contain a Direction and Control of Client Clause? .....  Yes  No  
 10. If Architect or Engineer Temporary Placements are made, do they have sign-off authority on any project including blueprints? .....  Yes  No  N/A  
 11. Percentage of candidates on which Applicant performs background checks? ..... \_\_\_\_\_ %  
 12. Does the Applicant have a written procedural manual for employees to follow? .....  Yes  No  
 13. Is commercial general liability coverage currently in force? .....  Yes  No  
 If "Yes," please provide Insurance Company: \_\_\_\_\_  
 Expiration date: \_\_\_\_\_ Limit of Liability: \$ \_\_\_\_\_

**EMPLOYMENT PRACTICES LIABILITY COVERAGE**

14. Is Employment Practices Liability (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.**

15. If EPLI coverage is desired and expiring coverage with us includes EPLI coverage, are all Employment Practice procedures the same as last year?.....  Yes  No  N/A (EPLI is not desired)  
If "No," identify and describe changes to Employment Practice procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. If a written policy is not already in place that states that your employees should not harass or discriminate against non-employees, will the applicant agree to implement one within one hundred eighty (180) days? .....  
.....  Yes  No  N/A (Written policy is in place)

**CLAIMS**

17. CLAIMS

- a. Since the completion of the last application have there been any Professional Liability, Employment Practices Liability (EPLI) or General Liability claims, incidents or regulatory complaints made against 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," explain what action has been taken to prevent recurrence of a similar claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b. Since the completion of the last application has the Applicant 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 which has not been previously reported? .....  Yes  No

If "Yes," how many? ..... \_\_\_\_\_

- c. Since the completion of the last application has the Applicant or anyone proposed for this insurance become aware of any charges, inquiries, investigations, grievances or other administrative hearings in the last year which have not been previously reported? .....  Yes  No

If "Yes," how many? ..... \_\_\_\_\_

If "Yes," please provide a description of charges, inquiries, investigations, grievances or other administrative hearings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- d. Since the completion of last application has the Applicant or anyone proposed for this insurance been the subject of claims by a non-employee for discrimination or harassment? .....  Yes  No

If "Yes," how many? ..... \_\_\_\_\_

If "Yes," explain what action has been taken to prevent recurrence of a similar claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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.**

**FRAUD WARNING:** 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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 KANSAS APPLICANTS:** 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, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO LOUISIANA 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 MAINE 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 may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**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:** 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 RHODE ISLAND 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** 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

Agent Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_  
(Applicable to Florida Agents Only)

Iowa Licensed Agent: \_\_\_\_\_  
(Applicable to Iowa Agents Only)

Producer's Signature: \_\_\_\_\_  
(Applicable to New Hampshire Producers Only)

\_\_\_\_\_  
Date

**SUBMISSION OPTIONS Please submit your application to:  
StaffingEandO@TargetProlns.com, Or Fax it to: (860) 284-1113**