**STAFFING INDUSTRY APPLICATION**

**APPLICANT INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PROPOSED EFF DATE | | PROPOSED EXP DATE | DATE BUSINESS STARTED | WEBSITE | |
| NAMED INSURED(S) | | | MAILING ADDRESS | PHYSICAL ADDRESS | |
| TELEPHONE NUMBER | | | CONTACT NAME | CONTACT EMAIL | |
| STATE(S) WHERE YOU HAVE OPERATIONS: | | | |  | |
| **GENERAL INFORMATION** | | | | | **Yes / No** |
| 1 | HAVE YOU HAD ANY POLICY OR COVERAGE CANCELED OR NON-RENEWED DURING THE PRIOR FIVE YEARS? | | | | Yes □ No □ |
| 2 | HAVE YOU HAD ANY LAPSE OF INSURANCE WITHIN THE PRIOR FIVE YEARS? | | | | Yes □ No □ |
| 3 | DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON, OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER INSURANCE? | | | | Yes □ No □ |
| 4 | HAVE YOU HAD A TAX LIEN, FORECLOSURE, REPOSSESSION, BANKRUPTCY, OR FILED FOR BANKRUPTCY DURING THE LAST FIVE YEARS? | | | | Yes □ No □ |
| 5 | DO YOU EMPLOY ANYONE UNDER THE AGE OF 18? | | | | Yes □ No □ |
| 6 | DO YOU MAKE ANY GUARANTEES REGARDING THE QUALITY OF YOUR SERVICE OR PRODUCTS? | | | | Yes □ No □ |

**SERVICES OR PRODUCTS OFFERED**

|  |  |  |
| --- | --- | --- |
| 7 | INDICATE WITH A YES OR NO RESPONSE, WHICH SERVICES OR PRODUCTS YOUR BUSINESS OFFERS.  (If YES, provide a description of your services within the Remarks section below.) | |
|  | 1. Staffing Services | Yes □ No □ |
|  | 1. Vendor Management System | Yes □ No □ |
|  | 1. Managed Services Provider or On-Demand Services | Yes □ No □ |
|  | 1. Consulting (Other than HR Consulting) | Yes □ No □ |
|  | 1. Support Services or Call Centers | Yes □ No □ |
|  | 1. Training | Yes □ No □ |
|  | 1. Project Management | Yes □ No □ |
|  | 1. Services Not Described Above | Yes □ No □ |

**REMARKS (FOR QUESTIONS 7.a-h. ABOVE)**

|  |
| --- |
|  |

**PROSPECTIVE EXPOSURES**

|  |  |  |
| --- | --- | --- |
| 8 | FOR THE PROSPECTIVE TERM, PROVIDE A BREAKDOWN OF REVENUE GENERATED IN EACH CATEGORY BELOW. | |
|  | **TOTAL REVENUE** | **$** |
|  | **TOTAL PAYROLL** | **$** |
|  | **TOTAL EMPLOYEE COUNT** |  |

**BREAKDOWN OF EXPOSURES**

| 9 | FOR THE PROSPECTIVE POLICY TERM, PROVIDE A BREAKDOWN OF YOUR BUSINESS OPERATIONS FOR THE CATEGORIES DESCRIBED BELOW. | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **a. Staffing Services** | | | | | **In-House Payroll** | | **Temp / PEO / Staffing Payroll** | | **Gross Revenue** | |
|  | **Administrative Services Organizations** and **Human Resource Consulting**. These services include human resource administration, consulting, payroll support, regulatory compliance, and benefits administration, but where you are not the employer of record. | | | | |  | |  | |  | |
|  | **Professional Employer Organization (PEO or Employee Leasing)** Placement of a client’s workforce on the payroll of the PEO, with the PEO firm assuming responsibility for payroll, benefits, and other human resource functions, with the PEO agreeing to become the employer (or co-employer) of record. | | | | |  | |  | |  | |
|  | **Employer of Record Organizations (EOR)** Placement of a client’s workforce on the payroll of the EOR, with the EOR firm assuming responsibility for payroll, benefits, and other human resource functions, with the EOR agreeing to become the employer of record. | | | | |  | |  | |  | |
|  | **Staffing Services Listed Below (Excluding Human Resources Consulting):** | | | | |  | |  | |  | |
|  | * Direct Placement Services * Outplacement * Recruitment Process Outsourcing | | * Retained Search Services * Temporary Worker Placements * Temporary-To-Hire | | |
|  | **Vendor Management Systems for Staffing**  The facilitation, purchase, and management of staffing services for clients including the placement and fulfillment of orders for staffing service workers. | | | | |  | |  | |  | |
|  | **b. Non-Staffing Services** | | | | | | | | | **Gross Revenue** | |
|  | Consulting (*Other Than* Human Resources) | | | | | | | | |  | |
|  | Vendor Management System – *Other Than* Staffing-Related | | | | | | | | |  | |
|  | Managed Service Provider or On-Demand Services | | | | | | | | |  | |
|  | Support Services or Call Centers | | | | | | | | |  | |
|  | Third-Party Training | | | | | | | | |  | |
|  | Project Management | | | | | | | | |  | |
|  | Other [Describe]: | | | | | | | | |  | |
| 10 | PROVIDE A BREAKDOWN OF EMPLOYEE COUNTS FOR THE CATEGORIES BELOW. | | | | | | | | | | |
|  | **Worker Type** | | | **# of Workers (Projected Annual Term)** | | | | | **# of Workers (Expiring Annual Term)** | | |
|  | PEO Employees | | |  | | | | |  | | |
|  | Temp/Staffing Employees | | |  | | | | |  | | |
|  | Independent Contractors | | |  | | | | |  | | |
|  | Non-Temp, HR Consultants and ASO-Related | | |  | | | | |  | | |
|  | Non-Temp, All Other Employees | | |  | | | | |  | | |
| 11 | FOR THE PROSPECTIVE TERM, PROVIDE THE PERCENTAGE OF PAYROLL ASSOCIATED WITH THE EMPLOYEE CATEGORIES LISTED BELOW. | | | | | | | | | | |
|  | **TYPE** | | | **%** |  | | | | | |  |
|  | **Architects & Engineers Group** | | | | **Financial Group** | | | | | | |
|  |  | Architects – Without Sign-Off Authority | |  |  | | Accounting (Unlicensed Types) | | | |  |
|  |  | Engineers – Without Sign-Off Authority | |  |  | | Accounting (Licensed Professionals) | | | |  |
|  | **Legal Group** | | | |  | | Banking | | | |  |
|  |  | Clerical (Non-Professional & Unlicensed) | |  |  | | Clerical (Non-Professional & Unlicensed) | | | |  |
|  |  | Paralegals | |  |  | | Finance | | | |  |
|  |  | Attorneys | |  |  | | Insurance | | | |  |
|  | **Healthcare Group** | | |  | **Information Technology (IT) Group** | | | | | | |
|  |  | Nurses | |  |  | | Programmers | | | |  |
|  |  | Other Than Nurses or Physicians | |  |  | | Consultants | | | |  |
|  | **Other Types** | | | | | | | | | | |
|  |  | Clerical (Non-Professional & Unlicensed) | |  |  | | Light Industrial or Factory Workers | | | |  |
|  |  | Auto/Truck Drivers | |  |  | | Janitorial | | | |  |
|  |  | Heavy Industrial or Construction Workers | |  |  | | Project Managers | | | |  |
|  |  | Other [Describe]: | | | | | | | | |  |
|  |  |  | | | | | | | | |  |

**OVERVIEW**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 12 | DO YOUR EMPLOYEES/COMPANY HOLD ANY STAFFING CERTIFICATIONS? | | | Yes □ No □ |
| 13 | DO ALL YOUR CONTRACTS REQUIRE A HOLD HARMLESS AGREEMENT IN YOUR FAVOR? | | | Yes □ No □ |
| 14 | DO YOU HAVE A HUMAN RESOURCES MANAGER? | | | Yes □ No □ |
| 15 | ARE SIGNED AND DATED APPLICATIONS REQUIRED OF ALL PROSPECTIVE EMPLOYEES? | | | Yes □ No □ |
| 16 | IS THERE A WRITTEN EMPLOYEE HANDBOOK OR MANUAL, AND DO YOU PROVIDE IT TO ALL EMPLOYEES?  If Yes, indicate which procedures it addresses (check all that apply): | | | Yes □ No □ |
|  | Equal employment opportunity (antidiscrimination)  Antiharassment  Antiretaliation  At-will nature of employment  Code of conduct  General employment information  Safety and security  Pay policies such as information on paydays, timekeeping,  overtime eligibility, meal and rest periods, etc. | Benefits  Sick leave policy  Paid vacation policy  Family and medical leave  Process for filing a complaint  Disclaimers  Other [Describe]: | |  |
| 17 | DO YOU DOCUMENT AWARENESS TRAINING OF STAFF REGARDING EMPLOYEE COMPLAINTS, HARASSMENT, OR ABUSE POLICIES? | | | Yes □ No □ |
| 18 | WHICH PRE-EMPLOYMENT BACKGROUND CHECKS DO YOU RUN? (Check all that apply) | | | |
|  | None  Drug Screening  Confirmation of Professional Licensing | | Prior Employers Contacted  Criminal Background Check  Other: | |
|  | If you run background checks, will you hire employees with criminal histories? If so, describe the types of criminal histories which would not disqualify an applicant. | | | |

**ABUSIVE ACTS**

|  |  |  |
| --- | --- | --- |
| 19 | IN THE PAST FIVE YEARS, HAS ANY PROSPECTIVE INSURED BEEN ALLEGED TO HAVE KNOWLEDGE OF OR PARTICIPATION IN ANY EVENT OR OCCURRENCE INVOLVING ABUSE OR MOLESTATION? | Yes □ No □ |
| 20 | ARE YOU AWARE OF ANY OCCURRENCE OR CIRCUMSTANCE THAT COULD LEAD TO ALLEGATIONS OR CLAIMS OF ABUSE OR MOLESTATION IN THE FUTURE? | Yes □ No □ |
| 21 | DO YOU PROVIDE CHILD DAY CARE SERVICES ON YOUR PREMISES? | Yes □ No □ |
| 22 | DO YOU PLACE CONTRACT EMPLOYEES AT DAYCARE FACILITIES, SCHOOLS, OR OTHER FACILITIES WHERE CHILDREN ARE PRESENT? | Yes □ No □ |

**SUBCONTRACTORS**

|  |  |  |  |
| --- | --- | --- | --- |
| 23 | DO YOU USE SUBCONTRACTORS? | | |
|  | ☐ Yes  ☐ No  (If no, skip questions 22 a-f.) | If yes, describe the subcontracted operations: |  |
| Annual subcontracted Cost: |  |
|  | Describe your subcontractor practices: | | |
|  | 1. Do you have a written agreement in place with all subcontractors? ☐ Yes ☐ No 2. Do you collect a Certificate of Insurance for all subcontractors and keep it for at least seven years? ☐ Yes ☐ No 3. Do you require that all subcontractors carry General Liability insurance limits equal to yours? ☐ Yes ☐ No 4. Do you require that all subcontractors carry Professional Liability limits of insurance equal to yours? ☐ Yes ☐ No 5. Do you require that all subcontractors carry Auto Liability insurance limits equal to yours? ☐ Yes ☐ No 6. Do you require that all subcontractors include you as an additional insured on their policies? ☐ Yes ☐ No | | |

**HISTORIC EXPOSURES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 24 | PROVIDE INFORMATION ON YOUR HISTORICAL REVENUE, PAYROLL, AND EMPLOYEE COUNTS | | | |
|  | **Term** | **Gross Revenue** | **Total Payroll** | **Total Employee Count** |
|  | 20\_\_\_\_\_\_ |  |  |  |
|  | 20\_\_\_\_\_\_ |  |  |  |
|  | 20\_\_\_\_\_\_ |  |  |  |
|  | 20\_\_\_\_\_\_ |  |  |  |
|  | 20\_\_\_\_\_\_ |  |  |  |

**LIMITS**

|  |  |
| --- | --- |
| 25 | SELECT YOUR DESIRED GENERAL LIABILITY LIMITS:  GENERAL LIABILITY  ☐ $1,000,000 Per Occurrence, $2,000,000 General Aggregate, $2,000,000 Products & Completed Operations Aggregate  ☐ Other [Describe]:  EMPLOYEE BENEFITS LIABILITY  ☐ $1,000,000 Each Employee, $2,000,000 Aggregate |

**PROFESSIONAL LIABILITY**

**Complete this section only if you request coverage for Professional Liability**

**PROFESSIONAL LIABILITY SECTION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | DO YOU CURRENTLY CARRY PROFESSIONAL LIABILITY INSURANCE COVERING THE OPERATIONS FOR WHICH YOU SEEK INSURANCE VIA THIS APPLICATION?  If Yes, answer the following:   |  |  | | --- | --- | | Name of Carrier |  | | Per Claim Limit |  | | Aggregate Limit |  | | Coverage Basis |  | | Retroactive Date |  | | Deductible or SIR |  | | Premium |  | | ☐ Yes ☐ No |
| 2 | DO YOU OR ANY DIRECTORS, OFFICERS, EMPLOYEES, OR PARTNERS HAVE KNOWLEDGE OR INFORMATION OF ANY OCCURRENCE OR CIRCUMSTANCE WHICH CAN REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM?  If Yes, please explain on a separate sheet of paper. | ☐ Yes ☐ No |
| 3 | HAS THE APPLICANT OR ANY DIRECTOR, OFFICER, EMPLOYEE, OR PARTNER OF THE APPLICANT EVER BEEN THE SUBJECT OF DISCIPLINARY ACTION AS A RESULT OF PROFESSIONAL ACTIVITIES?  If Yes, please explain on a separate sheet of paper. | ☐ Yes ☐ No |
| 4 | IN THE PAST FIVE YEARS, HAVE YOU HAD A PROFESSIONAL LIABILITY CLAIM (INSURED OR UNINSURED)?  If Yes, please explain on a separate sheet of paper. | ☐ Yes ☐ No |
| 5 | SELECT YOUR DESIRED PROFESSIONAL LIABILITY LIMITS:  ☐ $1,000,000 Per Claim and $2,000,000 Aggregate  ☐ Other [Describe]: | |
| 6 | SELECT YOUR DESIRED DEDUCTIBLE:  ☐ $1,000 ☐ $5,000 ☐ Other [Describe]:  ☐ $2,000 ☐ $10,000  ☐ $2,500 ☐ $25,000 | |

**HIRED & NON-OWNED AUTO LIABILITY**

**Complete this section only if you request coverage for Hired & Non-Owned Auto Liability**

**HIRED AND NON-OWNED AUTO LIABILITY SECTION**

|  |  |  |
| --- | --- | --- |
| 1 | DO YOU HAVE ANY OWNED OR LEASED AUTOS? | ☐ Yes ☐ No |
| 2 | DO YOUR EMPLOYEES DRIVE AUTOS YOU DO NOT OWN TO AND FROM WORK SITES, TO OR AT CLIENT LOCATIONS, OR FOR ANY OTHER BUSINESS-RELATED REASON?  If yes, how many employees drive autos you do not own on your behalf? \_\_\_\_\_\_\_\_ | ☐ Yes ☐ No |
| 3 | DO YOU HAVE ANY DRIVER PLACEMENTS, INCLUDING BUT NOT LIMITED TO EMPLOYEES WHOSE JOB IS TO TRANSPORT PERSONS OR PROPERTY ON BEHALF OF YOUR CLIENTS? | ☐ Yes ☐ No |
| 4 | DO YOU OBTAIN MOTOR VEHICLE REPORTS (MVRs) FOR ALL EMPLOYEES DRIVING ON YOUR BEHALF?  If yes, select the box below which most closely describes the frequency at which you review MVRs (check all that apply):  ☐ At Hiring ☐ Monthly ☐ Quarterly ☐ Annual ☐ Continuous (“Pull Program”) | ☐ Yes ☐ No |
| 5 | If you obtain MVRs, which of the following would cause you to disallow an employee from driving on your behalf,  (Check all that apply)  ☐ Two or More Moving Violations or Accidents in the Past 5 Years ☐ Inactive or Suspended License  ☐ Intoxicated Driving (DUI/DWI) ☐ Reckless Driving  ☐ Other [Describe]: | |
| 6 | IN THE PAST FIVE YEARS, HAVE YOU HAD ANY CLAIMS (INSURED OR UNINSURED) RELATED TO HIRED OR NON-OWNED AUTO LIABILITY? | ☐ Yes ☐ No |
| 7 | WHAT IS YOUR ANNUAL COST OF HIRED AUTOS? |  |

**EMPLOYMENT PRACTICES LIABILITY**

**Complete this section only if you request coverage for Employment Practices Liability**

**EMPLOYMENT PRACTICES LIABILITY SECTION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | DO YOU CURRENTLY HAVE EMPLOYMENT PRACTICES LIABILITY INSURANCE COVERING THE OPERATIONS FOR WHICH YOU SEEK INSURANCE VIA THIS APPLICATION?  If Yes, answer the following:   |  |  | | --- | --- | | Name of Carrier |  | | Per Claim Limit |  | | Aggregate Limit |  | | Coverage Basis |  | | Retroactive Date |  | | Deductible or SIR |  | | Premium |  | | | | | ☐ Yes ☐ No |
| 2 | DO YOU OR ANY DIRECTORS, OFFICERS, EMPLOYEES, OR PARTNERS HAVE KNOWLEDGE OR INFORMATION OF ANY OCCURRENCE OR CIRCUMSTANCE WHICH CAN REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM?  If Yes, please explain on a separate sheet of paper. | | | | ☐ Yes ☐ No |
| 3 | IN THE PAST FIVE YEARS, HAVE YOU BEEN THE SUBJECT OF AN EEOC COMPLAINT?  If Yes, please explain on a separate sheet of paper. | | | | ☐ Yes ☐ No |
| 4 | IN THE NEXT 12 MONTHS, DO YOU PLAN ON ANY LAYOFFS OR DOWNSIZING?  If Yes, please explain on a separate sheet of paper. | | | | ☐ Yes ☐ No |
| 5 | DO YOU OPERATE AS A PROFESSIONAL EMPLOYER ORGANIZATION (PEO)?  If Yes, answer the following:   1. Do you require your clients to secure their own Employment Practices Liability Insurance, which includes you as an insured? ☐ Yes ☐ No 2. Do your contracts require that you provide Employment Practices Liability Insurance covering your client’s employment practices? ☐ Yes ☐ No | | | | ☐ Yes ☐ No |
| 6 | IN THE PAST TWELVE MONTHS, HOW MANY OF THE FOLLOWING HAVE YOU HAD? | | | | |
|  | New Hires |  | Voluntary Terminations |  | |
|  | Involuntary Terminations |  | Layoffs or Downsizing |  | |
| 7 | SELECT YOUR DESIRED EMPLOYMENT PRACTICES LIABILITY LIMITS:  ☐ $1,000,000 Per Claim and $2,000,000 Aggregate  ☐ Other [Describe]: | | | | |
| 8 | SELECT YOUR DESIRED DEDUCTIBLE:  ☐ $25,000 ☐ $50,000 ☐ Other [Describe]: | | | | |
| 9 | DO YOU COLLECT ANY EMPLOYEE'S BIOMETRIC IDENTIFIER? BIOMETRIC IDENTIFIER MEANS A RETINA OR IRIS SCAN, FINGERPRINT, VOICEPRINT, OR SCAN OF HAND OR FACE GEOMETRY. | | | | ☐ Yes ☐ No |

**CRIME**

**Complete this section only if you request coverage for Crime.**

**CRIME SECTION**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | SELECT YOUR DESIRED COVERAGE and LIMIT(S) | | |
|  |  | Employee Theft (In-House Employees) | $ |
|  |  | Employee Theft (Temp Employees) | $ |
|  |  | Forgery or Alternation | $ |
|  |  | Inside the Premises – Theft of Money and Securities | $ |
|  |  | Outside the Premises | $ |
|  |  | Computer and Funds Transfer Fraud | $ |
|  |  | Money Orders and Counterfeit Money | $ |

**CLASSIFICATION OF EMPLOYEES**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2 | LIST ALL OFFICERS AND EMPLOYEES (including temps others construed to be employees by endorsement), OTHER THAN AGENTS AND PARTNERS  WHO HANDLE OR HAVE CUSTODY OF MONEY, SECURITIES OR OTHER PROPERTY. | | | | | | | | | | |
| **NUMBER OF:** | | | **NUMBER OF:** | | **NUMBER OF:** | | | | **NUMBER OF:** | | |
|  | | ACCOUNTANTS & ASSTS |  | BOOKKEEPERS |  | DELIVERY PERSONS | | |  | STOREKEEPERS | |
|  | | ADJUSTERS |  | BUYERS & ASSTS |  | PAYROLL DISTRIBUTORS | | |  | STOREROOM PERSONNEL | |
|  | | ADMINISTRATORS & ASSTS |  | CASHIERS & ASSTS |  | PURCHASING AGENTS | | |  | TIMEKEEPERS & ASSTS | |
|  | | ATTORNEYS |  | COMPTROLLERS & ASSTS |  | RECEIVING CLERKS | | |  | WAREHOUSE PERSONNEL | |
|  | | AUDITORS & ASSTS |  | CREDIT CLERKS & ASSTS |  | STOCK CLERKS | | |  | ALL OTHER EMPLOYEES NOT LISTED ABOVE | |
| **Number of Officers:** | | |  | **Total Number of In-House Employees**  **Not Listed Above:** | | |  | **Total Number of Temp Employees**  **Not Listed Above:** | | |  |

**HIRING PRACTICES**

|  |  |  |
| --- | --- | --- |
| 3 | IS PRIOR EMPLOYER HISTORY CHECKED? | ☐ Yes ☐ No |
| 4 | ARE CREDIT CHECKS SECURED FOR EMPLOYEES WITH ACCESS TO FINANCIAL TRANSACTIONS? | ☐ Yes ☐ No |
| 5 | ARE SOCIAL SECURITY NUMBERS VERIFIED? | ☐ Yes ☐ No |
| 6 | IS CRIMINAL HISTORY CHECKED? | ☐ Yes ☐ No |

**CONTROLS AND AUDIT PROCEDURES - AUDITS**

|  |  |  |
| --- | --- | --- |
| 7 | ARE AUDITS PERFORMED?  If “YES”, the audit is performed by:  ☐ CPA ☐ Public Accountant ☐ Staff ☐ Other [Describe]:  Audit Frequency:  ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly | ☐ Yes ☐ No |
| 8 | IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED?  (If "NO", explain scope of audit) | ☐ Yes ☐ No |
| 9 | WERE ANY DISCREPANCIES OR LOOSE PRACTICES COMMENTED UPON IN THIS AUDIT? (If "YES", submit a copy of the audit and auditor's comments). | ☐ Yes ☐ No |
| 10 | IS THE PAYROLL SYSTEM AUDITED ANNUALLY? | ☐ Yes ☐ No |

**CONTROLS AND AUDIT PROCEDURES – BANKING/OTHER**

|  |  |  |
| --- | --- | --- |
| 11 | ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW? | ☐ Yes ☐ No |
| 12 | WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES? | ☐ Yes ☐ No |
| 13 | ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS? | ☐ Yes ☐ No |
| 14 | IS THERE A WRITTEN POLICY REGARDING EFTS? | ☐ Yes ☐ No |
| 15 | WHAT IS THE LARGEST SINGLE AMOUNT THAT CAN BE TRANSFERRED? | $ |

**SIGNATURE**

|  |  |
| --- | --- |
| **Applicable in AL, AR, DC, LA, MD, NM, RI, and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.  **Applicable in CO:** 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.  **Applicable in FL and OK:** 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)\*. \*Applies in FL Only.  **Applicable in KS:** 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.  **Applicable in KY, NY, OH and PA:** 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 to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.  **Applicable in ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME Only.  **Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.  **Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law. | |
| THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE  ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER  KNOWLEDGE. | |
| APPLICANT’S SIGNATURE | DATE |
| PRINTED NAME | TITLE |

This application must be submitted along with the following additional information:

* Copy of PEO, ASO, and/or Client Services Agreement
* IRS 941 forms for the previous four quarters
* Currently valued loss runs covering the preceding five years (must be valued within 90 days of the proposed policy inception date)
* Copy of Employee Handbook or Manual (Only if Employment Practices Coverage is Requested)