

☐ **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

☐ **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

☐ **Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

STAFFING INDUSTRY INSURANCE APPLICATION

Submission Requirements:

- ☐ Completed, Signed and Dated Application
- ☐ Copy of PEO/ASO/VMS Payrolling/Client Services Agreement
- ☐ Copy of Employee Handbook or Employee Manual
- ☐ 941s—Last four (4) quarters
- ☐ Loss Runs—Currently valued from prior carrier three (3) years
- ☐ Resumes of Principals and/or Managers—New In Business
- ☐ ASA Membership Verification (if applicable)

PROPOSED EFFECTIVE DATE:

I. APPLICANT INFORMATION

Applicant Name:

Additional Subsidiaries to be Included for Coverage. Please use separate sheet for listing subsidiaries.

Physical Address of Insured's Primary Location:

Mailing Address:

Owner/Contract Name and Title:

Phone No.:

Fax No.:

E-Mail Address:

Website:

Number of years in business:

Federal Employer ID Number:

Applicant is: ☐ Sole Proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Joint Venture ☐ Other:

Is the Applicant involved in any business other than staffing (if "Yes," please describe below)? ☐ Yes ☐ No

Other Business Operations: _____

Total Gross Revenues

Projections (next 12 months)

Prior Year Actual

Total Gross Revenues:

\$

\$

GENERAL INFORMATION	Do You Provide	Projections (next 12 months)	Prior Year Actual
Corporate Employee Payroll (In House)		\$	\$
Number of Corporate Employees (In House)			
Contract/Temporary Employee Payroll	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Number of Contract/Temporary Employees			
Worksite Employees Payroll (PEO/ASO)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Number of Worksite Employees (PEO/ASO)			
Number of Independent Contractors			
Independent Contractor Payroll		\$	\$
VMS Client Payroll	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Direct Hire Percentage (%) of Total Revenue	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
Number of in-house Direct Hire Recruiters			
Total Payroll		\$	\$

IF YOU HAVE CONTRACT/TEMPORARY EMPLOYEE PAYROLL AND/OR VMS CLIENT PAYROLL, PLEASE COMPLETE THIS TABLE					
Provide percentage of payroll projections for the next 12 months in the appropriate sections below. Total must equal 100%					
Type	Percentage	Type	Percentage	Type	Percentage
Administrative/Office/ Clerical White Collar	%	Drivers Construction	% %	Heavy Industry	%
Architects & Engineers (without sign-off authority)	%	*Financial Services	%	IT/Programmers (Do not include payroll for Data Entry)	%
Attorneys	%	***Healthcare (Doctors and Dentists Excluded)	%	Light Industrial & Factory	%
**Other	%				

* This class includes occupations such as accountants, bookkeepers, controllers, credit managers, credit analysts, auditors, financial analysts, purchasing agents, and insurance service representatives.

** Please provide a detailed description of "Other" placements:

*** Please provide a detailed description of the types of Healthcare staffing placements being made to clients (i.e., Certified Nursing Assistants (CNA), Licensed Practical Nurses (LPN), etc.

II. CORPORATE OVERVIEW SECTION

1. Do your employees/company hold any staffing certifications? ☐ Yes ☐ No
If "Yes," please list: _____

2. Do you have a(an): ☐ HR Manager—name: _____ ☐ Risk Manager—name: _____ ☐ None

3. Are there procedures in place for background checks/screening prospective employees that include:
a. Personal interview by a member of your staff? ☐ Yes ☐ No
If "No," please explain the current procedures: _____

b. Do the background checks include criminal acts, including any sexual related crimes, or child abuse? ☐ Yes ☐ No

4. Employment applications:

a. Do you require that the applicant provide at least one reference? ☐ Yes ☐ No

b. Are applicant reference(s) checked and documentation maintained? ☐ Yes ☐ No

c. Are signed and dated applications required of all prospective applicants? ☐ Yes ☐ No

5. Is there a written Employee Manual/Employee Handbook? ☐ Yes ☐ No

a. Do you distribute and record receipt of manual to all employees? ☐ Yes ☐ No

b. How often is the Employee Manual updated?

c. Does the Employee Manual include written procedures addressing: (check all that are applicable)

☐ ADA Accommodation

☐ Hiring and Firing of Employees

☐ Employee Complaints

☐ Prohibition of Discrimination

☐ Employment at Will

☐ Prohibition of Sexual Harassment

☐ Equal Opportunity

6. a. Is documentation maintained on awareness training of staff regarding employee complaints, sexual harassment and/or abuse and molestation policies? ☐ Yes ☐ No

b. How frequently is awareness training conducted?

7. Has the Applicant's in-house staff increased or decreased by fifteen percent (15%) or more in the past year? ☐ Yes ☐ No
If "Yes," please explain: _____

8. Does the Applicant have in place whistleblower policies or procedures for the reporting of unethical or fraudulent activities? ☐ Yes ☐ No
If "No," please explain: _____

9. Does the Applicant conduct regular risk assessments of the business operations, including a fraud risk evaluation? ☐ Yes ☐ No
If "No," please explain: _____

III. LIABILITY COVERAGES

A. Professional Liability/Errors & Omissions Coverage

Quote: ☐ Yes ☐ No

☐ Claims Made ☐ Occurrence

Limits of Liability: Each Claim/Aggregate

☐ \$1,000,000/\$2,000,000 ☐ Other: /

Deductible Each
Occurrence
\$

If Claims Made Selected: This will be a Claims made Policy. Please read your Policy Provisions.

Proposed Retroactive Date:

Entry Date Into Uninterrupted Claims Made Coverage*:

Was Tail Coverage purchased under any previous policy?..... ☐ Yes ☐ No

If "Yes," please provide details: _____

* The retroactive date shown on the Applicant's first claims made policy. If this is the first claims made policy, the date will be the same as the Proposed Retroactive Date. If this is a Renewal, it is the effective date of the first policy issued in the sequence of uninterrupted Claims Made policies.

B. General Liability Coverage

Quote: ☐ Yes ☐ No

General Liability
(Products/Completed
Operations and Personal &
Advertising Injury included)

Coverage:

Limits:

Each Occurrence/Aggregate Limit

☐ \$1,000,000/\$2,000,000 ☐ Other: /

Damage to Premises Rented To You

☐ \$100,000 ☐ Other

Medical Expense

☐ \$10,000 ☐ \$25,000

DEDUCTIBLES: Bodily Injury/Property Damage combined: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ Other:
Separate Bodily Injury and Property Damage Deductible available upon request

C. Stop Gap Coverage (General Liability required)

Quote: ☐ Yes ☐ No

Coverage

Limits

Bodily Injury by Accident—Each Accident:

☐ \$1,000,000/\$1,000,000/\$1,000,000

Bodily Injury by Disease—Policy Limit:

☐ Other: / /

Bodily Injury by Disease—Each Employee:

Total payroll in each monopolistic workers' compensation state:

North Dakota: \$

Ohio: \$

Washington: \$

Wyoming: \$

D. Employee Benefits Liability (EBL) Coverage (General Liability required)

Quote: ☐ Yes ☐ No

Each Wrongful Act/Aggregate

☐ \$1,000,000/\$2,000,000 ☐ Other: /

Deductible

☐ \$1,000 ☐ Other:

Total number of eligible Corporate Employees (In-House):

Total number of eligible Contract/Temporary Employees:

Please note that Self-Funded Employee Benefits Plans are not eligible.

III. LIABILITY COVERAGES (CONT'D)**E. Abusive Acts Coverage** (General Liability required)Quote: ☐ Yes ☐ NoDo you provide Child Day Care Services on your premise(s)? ☐ Yes ☐ No

Do you place contract employees at:	<input type="checkbox"/> Child Day Care Centers <input type="checkbox"/> Schools <input type="checkbox"/> Other Facilities where children are present
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What is the minimum age requirement for employment?

Limits of Liability Each Claim/Aggregate☐ \$1,000,000/\$2,000,000 ☐ Other: / Deductible Each Occurrence: \$**F. Employment Practices Liability Insurance (EPLI)**

(This coverage not available monoline.)

Quote: ☐ Yes ☐ No**Limits of Liability** Each Claim/Aggregate☐ \$1,000,000/\$2,000,000 ☐ Other: / Deductible Each Occurrence: \$**IV. HIRED AND NON-OWNED AUTO (HNOA) LIABILITY****HNOA Coverage** (General Liability required)Quote: ☐ Yes ☐ No

If "No," please continue to Section V

Do you obtain MVRs on all employees who drive for clients? ☐ Yes ☐ NoDo you update MVRs every year for all drivers? ☐ Yes ☐ NoDo you provide driver training or evaluation? ☐ Yes ☐ NoDo you place drivers to haul hazardous materials or goods? ☐ Yes ☐ NoDo you place any long-haul drivers? ☐ Yes ☐ NoDo you make driver placements? ☐ Yes ☐ NoDo you require your placements to be added to client auto policy? ☐ Yes ☐ No

Hired/Borrowed and Non-Owned Auto Liability*

*Residents of Illinois, Louisiana and Wisconsin must complete and sign the required Uninsured/Underinsured Motorist Selection/Rejection form attached

☐ \$1,000,000 CSL

V. CRIME SECTION

Crime Coverage	Quote: <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please continue to Section VI	
Insuring Agreement	Limit of Insurance Per Occurrence	Deductible Per Occurrence
1. Employee Theft	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$
2. Forgery or Alteration	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$
3. Inside the Premises—Theft of Money and Securities	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$
4. Inside the Premises—Robbery or Safe Burglary of Other Property	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$
5. Outside the Premises	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$
6. Computer and Funds Transfer Fraud	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$
7. Money Orders and Counterfeit Money	<input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$
PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:		
A. How often are audits conducted?		
B. Who conducts the audits?		
C. Does the Applicant have policies and procedures in place for cash handling and reconciliation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
D. Who reconciles bank accounts?		
E. Can this individual(s) deposit or withdraw? <input type="checkbox"/> Yes <input type="checkbox"/> No		
E. Can this individual(s) deposit or withdraw? <input type="checkbox"/> Yes <input type="checkbox"/> No		
F. Are reconciliations verified by a different source? <input type="checkbox"/> Yes <input type="checkbox"/> No		
G. Does a supporting record accompany all checks to be signed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
H. Is record voided upon check issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I. Are payroll checks issued in accordance with time sheets? <input type="checkbox"/> Yes <input type="checkbox"/> No		
J. Is record voided upon check issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," identify controls used to avoid duplication:		
K. Does the applicant have in place measures for securing physical assets and facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
L. Does the applicant have in place measures for securing digital assets and sensitive information? <input type="checkbox"/> Yes <input type="checkbox"/> No		
M. List the names of all your employee welfare or pension plans to be included:		
N. Number of Non-employee Trustees:		

VI. POLICY INFORMATION

Policy Information (Entire table must be completed. If "none," please write none.)

Coverage	Insurance Carrier	Limits of Liability	Deductible	Expiration Date	Retro Date	Annual Premium
Professional Liability/E&O						
General Liability						
Stop Gap						
EBL						
Abusive Acts						
EPLI						
Hired/Non-Owned Auto						
Crime						

VII. LOSS HISTORY: All questions in this section must be answered.

Has insurance ever been declined or cancelled?

<input type="checkbox"/> Prof, Liability E&O	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Abusive Acts	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> General Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> EPLI	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Stop Gap	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hired/Non-owned Auto	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> EBL	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Crime	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes," please provide an explanation on a separate sheet of paper.

Do any of the directors, officers, employees or partners of the Applicant have knowledge or information of any occurrence or circumstance which can reasonably be expected to give rise to a claim? ☐ Yes ☐ No

If "Yes," please provide an explanation on a separate sheet of paper.

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? ☐ Yes ☐ No

If "Yes," please provide an explanation on a separate sheet of paper.

During the past 5 years has any claim been made against the Applicant or any director, officer, employee or partner of the Applicant for:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Professional Liability Errors & Omissions
	<input type="checkbox"/> Yes <input type="checkbox"/> No	General Liability
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stop Gap
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Benefits Liability
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Abusive Acts
	<input type="checkbox"/> Yes <input type="checkbox"/> No	EPLI
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hired and Non-Owned Auto
<input type="checkbox"/> Yes <input type="checkbox"/> No	Crime	

Please attach a list and status of all claims made for any of the above questions which you answered Yes, indicate the date, allegation, loss amount, defense cost and dispositions of each.

STATEMENT FROM APPLICANT

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications.

NOTICE TO APPLICANT—PLEASE READ CAREFULLY

If the applicant has concealed or misrepresented any material fact, circumstance or fraud concerning this insurance resulting in deception to us which existed at the time of damage and contributed to such damage, this policy will be rendered void as

long as the deception was material; was made knowingly with the intent to deceive; was related and acted upon by the Insurer; and deceived the Insurer to the Insurer's injury.

Receipt and review of this application does not bind the Insurer to provide this insurance.

It is agreed by the applicant and the Insurer that the particulars and statements made in this application, together with all attachments to this application and any other materials submitted to the Insurer shall be the representations of the applicant and the prospective insureds. It is further agreed by the applicant and the prospective insureds that this policy, if issued, is issued in reliance upon the truth of such representations. After inquiry of all prospective insured that this policy, the undersigned Applicant represents that the statements set forth in this application and its attachments and other materials submitted to us are true and correct.

Signing of this application does not bind the applicant or the Insurer.

The undersigned further declares that any event taking place between the date this application was signed and the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to us and we may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Notice to Nebraska Applicant: No misrepresentations or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or negotiation or application of this policy or contract unless such misrepresentation or warranty was material, was made knowingly with the intent to deceive, was relied and acted upon by the company and deceived the company to its injury. The breach of warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss.

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, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, PR, 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 CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 KENTUCKY APPLICANTS: 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.

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 NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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 OREGON APPLICANTS: Any person who intentionally presents a materially false statement in an application for insurance may be guilty of fraud and subject to penalties under state law.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): 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 AND NEBRASKA): 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 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.

Applicant's Name and Title: _____

Applicant's Signature: _____ Date: _____

A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED.

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

Iowa Licensed Agent: _____
(Applicable in Iowa Only)