

# Temporary Staffing Agency/PEO/ASO Supplemental Application



To be completed in conjunction with the Employment Practices Liability Application.

**NAME OF APPLICANT:** \_\_\_\_\_

1. Please provide a breakdown of the Applicant's Corporate Employees, Temporary Placements, Recruiting, PEO/ASO Operations:

	Prior Year Actual	Next Fiscal Year Projection
Total Number of Full Time Corporate Employees (In House)		
Total Number of Part Time Corporate Employees (In House)		
Total Number of Independent Contractors (In House)		
Number of Contract/Temporary Placements		
Total Payroll of all Contract/Temporary Placements (Do not include leasing payroll.)	\$	\$
Number of Worksite Employees (PEO/ASO only)		
Worksite Employees Payroll (PEO/ASO only)	\$	\$
Total Percentage of Employees located in CA (All In House, Contract, Temporary, PEO/ASO)	%	%

2. Provide a breakdown of the types of staffing services offered to the Applicant's clients:

Administrative/Clerical*	%	Daycare	%
Executive	%	Attorneys	%
Computer/IT Services	%	Construction/Carpentry/Skilled Labor	%
Financial/Accounting Professionals	%	Drivers/Transportation	%
Janitorial	%	Nanny Services	%
Light Industrial/Warehouse/Factory	%	Heavy Industrial	%
Security Services (Unarmed)	%	Security Services (Armed)	%
Architects/Engineers without Signoff Authority	%	Architects/Engineers with Signoff Authority	%
Hospitality	%	Healthcare (excluding Doctors and Dentists)	%
Teachers/Teachers Aides	%	Doctors/Dentists	%

- Does the Applicant have a Hold Harmless Agreement in favor of the Applicant with its client companies regarding liability for employment actions of the client company?    Yes    No
- Does the applicant conduct a prior employment check on all new hires?    Yes    No
- Does the Applicant conduct criminal background checks?    Yes    No
- Does the Applicant provide any Human Resource services to its Client Companies?    Yes    No  
If yes, please describe

7. Number of Client Companies: \_\_\_\_\_

8. List your largest client companies, their specific industries, and the number of employees assigned:

Client Company	Industry	Number of Employees

9. If the Applicant is a Professional Employer Organization seeking Client Company coverage, please answer the following question:

A. Have any civil or criminal charges, claims, losses, lawsuits, administrative proceedings, hearings of demands been made against any Client Company or any of its employees during the past five (5) years which could fall within the scope of this proposed insurance, whether or not insured, including without limitation any claim involving (a) employees, temporary employees or independent contractors; (b) class or mass actions suits or (c) investigations by the Department of Labor or similar state, local or foreign agency?    Yes    No

If yes, please provide details including the name of the Client Company involved and the amount of all defense, settlement and indemnity paid.

The undersigned authorized representative (Partner, Principal, Head of Human Resources, General Counsel or other officer acceptable to Euclid Exec) of the applicant declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements set forth in the attached new business or renewal application for insurance are true and complete and may be relied upon by Euclid Exec. If the information in any application changes prior to the inception date of the policy, the Applicant will notify the company of such changes, and the company may modify or withdraw any outstanding quotation. The company is authorized to make inquiry in connection with this application.

The signing of this application does not bind the company to offer, nor the applicant to purchase, the insurance. It is agreed that this application, including any material submitted therewith, shall be the basis of the insurance and shall be, in all states other than NC and UT, considered physically attached to and part of the policy, if issued. The company will have relied upon this application, including any material submitted therewith, in issuing the policy.

**ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.**

Signature of Applicant's Authorized Representative \_\_\_\_\_  
(Partner, Principal, Officer, Head of Human Resources or General Counsel)

Name (printed or typed): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_