



COLONY NATIONAL INSURANCE COMPANY
Temporary Employment Agencies Program Application

1. Name of Applicant _____

Name of Business _____

2. Street Address _____
Street _____

3. Address of Location _____
to be insured City _____ State _____ Zip _____

Street _____

same as above
City _____ State _____ Zip _____

4. Type of enterprise: Individual Corporation Partnership Joint Venture
 For Profit Non-Profit Other _____

5. **Full description of services rendered.** Coverage will only apply to disclosed premises and operations. Attach all brochures and promotional materials and contracts: _____

6. Provide full names of individual and partners: _____

7. Date your company was established: _____

8. Receipts for last 12 months: \$ _____
Receipts for next 12 months: \$ _____

9. Describe qualifications, experience, screening and training of employees: _____

10. Do you or are you:
- a) Engaged in any other professional activities not listed above? Yes No
 - b) Have ownership in other entities not listed? Yes No
 - c) Is your firm engage in construction, fabrication or production activities? Yes No
 - d) Do any of your employees hold professional licenses or certifications? Yes No
 - e) Utilize subcontractors? Yes No

If your answer is "yes" to any of the above, please attach a separate sheet giving full details and explanation.

Please furnish details of your five largest jobs in the last 5 years:

<u>Client</u>	<u>Details of Job</u>	<u>Gross Receipts</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

11. Does the applicant utilize a formal written Quality Assurance & Risk Management Program? Yes No
 If no, explain. _____
 Is the overall responsibility for Risk Management assigned to one individual in your firm? Yes No
 If yes, explain. _____
 If no, how these functions are monitored? _____
 Indicate the following number of staff and percentage of receipts from placement:

12. Description of employees or contracted personnel:

THIS SECTION MUST BE COMPLETED

TEMPORARY AGENCIES	Number of Employees	Number of Contractors	Gross Receipts	Total Payroll
Clerical				
Professional				
Trade				

EXECUTIVE SEARCH SERVICES	Last 12 months	Next 12 months
Number of Engagements		
Average Salary Level of Placement		
Trade		

13. Are employees/contractors references contacted before hired/placed? Yes No
 How are references checked? Written Verbal Both
 If verbal only, please explain. _____
 Do you question prospective employees as to any criminal record? Yes No
 Do you verify certification and/or professional licensure status of employees and independent contractors? Yes No
 Are employees screened to rule out drug, alcohol and/or sexual abuse? Yes No

14. Your premium is adjustable based on your total receipts. Our auditor will verify your total receipts. Provide number of contact person. _____ () _____

15. Has applicant had previous insurance for this enterprise? Yes No

If yes, please complete the following:

Insurance Company _____

Policy Period _____ to _____

Limits of Liability _____

Premium _____ Type of Coverage: Occurrence Claims Made

Current General Liability Carrier _____

Limits requested: 100/100 300/300 500/500 1/1 1 / 2 1/3

16. During the past five (5) years, have any claims been presented to your current or prior insurance carrier or to you? Yes No

If yes, please provide full details (Include description of claim, amounts paid, and reserves). _____

17. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? Yes No

If yes, please provide full details. _____

18. Has applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy canceled, or non-renewed in the past five (5) years? Yes No

If yes, please provide full details. _____

Applicant's signature ****Must have signature to quote***

Title

Date



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