StaffPak

Staffing and PEO Insurance **Application**

14241 Dallas Parkway, Suite 850 | Dallas, Texas 75254

SUBMISSION REQUIREMENTS

- ☐ Completed, signed and dated application
- ☐ Copy of PEO/ASO/VMS/MSP/VOP/EOR Staffing Agreements
- ☐ Copy of most recent version of Employee Handbook or Employee Manual
- ☐ 941s for last consecutive four (4) quarters for Staffing operations
- ☐ Most recent year-end 1096 Report, or 1099s, if independent contractors are used for staffing operations
- ☐ Audited financials for PEO
- ☐ Loss Runs—Currently valued from prior carrier five (5) years
- ☐ Resumes of principals and/or managers—new in business less than three (3) years
- ☐ WC Dec pages showing all class codes and payroll applicable used for General Liability rating
- ☐ ACORD application for owned auto
- ☐ ACORD application for property/inland marine/umbrella

REQUESTED EFFECTIVE DATE: _____

I. APPLICANT INFORMATION

Applicant Name: _____

ADDITIONAL SUBSIDIARIES: Please use a separate sheet to list additional subsidiaries to be included for coverage.

Physical Address of Insured's Primary Location: _____

Mailing Address: _____

Owner/Risk Manager Name: _____

Email Address: _____

Phone No.: _____ Fax No.: _____

Website: _____

Number of years in business: _____ Federal Employer ID Number: _____

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

Applicant is involved in ☐ Staffing ☐ PEO ☐ ASO ☐ Permanent Placement ☐ MSP ☐ VMS ☐ VOP ☐ EOR

Is the Applicant involved in any other business other than staffing? ☐ Yes ☐ No If yes, please explain:

_____

1. General Information	Projected Next 12 Months	Prior Year Actual
a. Corporate Employee Payroll (In-house)	$	$
b. Number of Corporate Employees (In-house)		
c. Temporary (W-2) Employee Payroll	$	$
d. Number of Temporary (W-2) Employees		
e. Independent Contractor Payroll	$	$
f. Number of Independent Contractors		
g. Managed Services Provider payroll	$	$
h. PEO and ASO Worksite Payroll	$	$
i. Number of PEO Worksite Employees		
j. Number of ASO Worksite Employees		
k. Percentage of Direct Hire Revenue to Gross Revenue	%	%
l. Total Gross Revenues	$	$

2. Total square footage of all locations you occupy: _____

3. Percentage distribution of your Temp Staffing (W-2) Temporary Employee/Independent Contract Placements (1099) payroll projected for your current full fiscal year (total must equal 100%):

Healthcare	
Doctors/ Dentists	%
Correctional Facilities/Detention Centers	%
Licensed Caregivers	%
Unlicensed Caregivers	%
Biotechnology	%
Clinical Trials	%
Life Sciences	%
Scientists	%
Information Technology	
IT Professionals	%
Programmers	%
Cyber Security	%

White and Gray Collar	
Office/Clerical	%
Architects, Engineers	%
Accountants, Lawyers	%
Financial Services	%
Professional/Technical	%
Blue and Light Blue Collar	
Light Industrial	%
Heavy Industrial/Factory	%
Skilled Construction/Trades	%
Unskilled Construction/Labor	%
Hospitality/Food Service	%

Specialty Placements	
Aerospace	%
Aviation	%
Nuclear	%
Defense	%
Drivers	%
Mining or Logging	%
Oil & Gas–Onshore or Offshore Drilling	%
Roofing	%
Armed Security	%
Unarmed Security/Crowd Management	%
Daycare/Nanny Services	%
Teachers/Teachers' Aides	%

4. Please list your five largest Staffing clients:

Name	Payroll	Your client's industry	Services you provide	No. of employees you place
	$			
	$			
	$			
	$			
	$			

5. If you offer PEO/ASO services, please provide the percentage of your client company industries.

Class	Percentage of Client Companies
All Other Labor Classes *(i.e. office, clerical, food service, hospitality, janitorial)*	%
Construction: Skilled and Unskilled, Energy, Light and Heavy Industrial	%
Information Technology and Programmers	%
Technical, Professional, Legal, Engineer, Mechanical and Financial	%
Healthcare Related	%

II. CORPORATE OVERVIEW

1. Do your employees hold any Staffing or PEO industry certifications? ☐ Yes ☐ No If yes, please list:

_____

2. 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 on a separate sheet.*

b. Do the background checks include criminal acts? ☐ Yes ☐ No Sexual related crimes? ☐ Yes ☐ No
Child abuse? ☐ Yes ☐ No

3. Do your employment applications:

a. 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

4. a. Is there a written Employee Manual/Employee Handbook? ☐ Yes ☐ No
b. Do you distribute and record receipt of manual to all employees? ☐ Yes ☐ No
c. Date (month and year) the manual was last updated: _____

d. Does the Employee Manual include written procedures addressing any of the following? (Check all that are applicable.)

☐ Americans With Disability Act
☐ Employee Complaints
☐ Employment at Will
☐ Equal Opportunity
☐ Progressive Discipline
☐ Hiring and Firing of Employees
☐ Anti-Discrimination
☐ Workplace Violence
☐ Anti-Sexual Harassment
☐ Americans With Disability Act
☐ Family Medical Leave Act

e. Are employment issues relating to the following handled by the Human Resource Department, Outside Counsel and/or Legal Department?

Terminations: ☐ Yes ☐ No Other harassment/bullying: ☐ Yes ☐ No

Discrimination: ☐ Yes ☐ No Layoffs: ☐ Yes ☐ No

Sexual harassment: ☐ Yes ☐ No Transfers and/or promotions: ☐ Yes ☐ No

Workplace Violence: ☐ Yes ☐ No

5. a. Is documentation maintained on awareness training of staff regarding employee complaints of sexual harassment, harassment, abuse and workplace violence? ☐ Yes ☐ No

b. Date (month and year) awareness training was last conducted: _____

6. These questions apply to Staffing agencies only:

a. Are written Staffing contracts always used to govern the services you provide? ☐ Yes ☐ No

b. Are contracts provided to you by your customers reviewed by your legal counsel prior to execution? ☐ Yes ☐ No

c. Do contracts make direction and supervision of your placed worker the responsibility of your customer? ☐ Yes ☐ No

d. Is the hold harmless and indemnification wording in your favor or at least mutual? ☐ Yes ☐ No

e. Do you sign contracts that assume liability for negligence of another party? ☐ Yes ☐ No

f. Are contract modifications always agreed to in writing? ☐ Yes ☐ No

7. **a.** Total number of PEO client companies: Last year _____ Current year _____ Next year _____

b. Total number of Staffing client companies: Last year _____ Current year _____ Next year _____

8. Any temps or independent contractors operating the following?

Cranes, Lifts, Booms? ☐ Yes ☐ No Scaffolding erection, assembly, or disassembly? ☐ Yes ☐ No

Bulldozers? ☐ Yes ☐ No Aircraft? ☐ Yes ☐ No

Trucks? ☐ Yes ☐ No Watercraft? ☐ Yes ☐ No

9. Does the Applicant place temps as forklift operators? ☐ Yes ☐ No

If yes, please answer the following questions.

a. Does the applicant only place trained and certified forklift operators? ☐ Yes ☐ No

b. Who is responsible for the training and certification of forklift operators? _____

c. How does the Applicant verify training and certification of forklift operators placed? _____

10. Does the Applicant provide services or placements to clients in the cannabis industry? ☐ Yes ☐ No

11. Is the Applicant involved in franchise operations? ☐ Yes ☐ No

12. Does the Applicant make temporary placements to other owned businesses? ☐ Yes ☐ No

III. LIABILITY COVERAGES

1. PROFESSIONAL LIABILITY/ERRORS & OMISSIONS COVERAGE Quote: ☐ Yes ☐ No

☐ Claims Made ☐ Occurrence *If Claims Made selected, Current retroactive date:* _____

Limits of Liability: Each Claim/Aggregate ☐ $1,000,000/$2,000,000 ☐ Other: $ _____ / $ _____

Deductible Each Occurrence: $ _____

Do you visit all sites before taking on a new customer? ☐ Yes ☐ No

Vendor(s) you use for background screening: _____

2. GENERAL LIABILITY COVERAGE (Products/Completed Operations and Personal & Advertising Injury included) Quote: ☐ Yes ☐ No

Coverage	Limits
Each Occurrence/Aggregate Limit	☐ $1,000,000/$3,000,000 ☐ Other: $ _____ / $ _____
Damage to Premises Rented To You	☐ $500,000 ☐ Other: $ _____
Medical Expense	☐ $5,000 ☐ Other: $ _____

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.

3. STOP GAP COVERAGE (General Liability required) Quote: ☐ Yes ☐ No

Coverage	Limits
Bodily Injury by Accident—Each Accident/ Bodily Injury by Disease—Policy Limit/ Bodily Injury by Disease—Each Employee	☐ $1,000,000/$1,000,000/$1,000,000 ☐ Other: $ _____ / $ _____ / $ _____

Total payroll in each monopolistic workers' compensation state:

North Dakota: $ _____ Ohio: $ _____ Washington: $ _____ Wyoming: $ _____

Provide a location address for each monopolistic state with payroll:

_____

4. EMPLOYEE BENEFITS LIABILITY (EBL) COVERAGE (General Liability required) Quote: ☐ Yes ☐ No

Limits of Liability: Each Wrongful Act/Aggregate ☐ $1,000,000/$2,000,000 ☐ Other: $ _____ / $ _____

Deductible: ☐ $1,000 ☐ Other: $ _____

☐ Occurrence Basis (only available in New York): $ _____

5. ABUSE OR MOLESTATION COVERAGE (General Liability required) Quote: ☐ Yes ☐ No

Do you provide Child Day Care Services on your premise(s)? ☐ Yes ☐ No

Do you place temp workers (W-2) and/or contract workers (1099) in situations involving the following:

☐ Health Care ☐ Child Care and/or Schools
☐ Senior Care ☐ Other Facilities where children are present

Limits of Liability: Each Claim/Aggregate ☐ $1,000,000/$1,000,000 ☐ Other: $ _____ / $ _____

Deductible Each Occurrence: $ _____

6. EMPLOYMENT PRACTICES LIABILITY INSURANCE (EPLI) Quote: ☐ Yes ☐ No

Limits of Liability: Each Claim/Aggregate ☐ $1,000,000/$2,000,000 ☐ Other: $ _____ / $ _____

Deductible Each Occurrence: $ _____ Current retroactive date: _____

7. EXCESS/UMBRELLA LIABILITY Quote: ☐ Yes ☐ No

Limit of Liability Requested: $ _____

Employer Liability (EL) Carrier: _____ EL Limit: _____

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 place temp (W-2) or contract (1099) workers as drivers? ☐ Yes ☐ No

Do you obtain an MVR on every worker that drives for your clients? ☐ Yes ☐ No

Do you update MVRs every year for every driver? ☐ Yes ☐ No

Do you provide driver training or evaluation? ☐ Yes ☐ No

Do you require your placed drivers to be added to client's auto policy? ☐ Yes ☐ No

Does your client add you as an additional insured to their auto policy? ☐ Yes ☐ No

Do you place any long-haul drivers? ☐ Yes ☐ No

Do you place any hazardous materials drivers? ☐ Yes ☐ No

Hired/Borrowed and Non-Owned Auto Liability ☐ $1,000,000 CSL *If Owned Autos, please submit ACORD Commercial Auto application.*

Does the Applicant provide group transportation of employees? ☐ Yes ☐ No

Does Applicant offer carpool incentives such as daily allowances or mileage reimbursement to drivers, or designate certain drivers or otherwise sponsor/direct or coordinate carpool and ridesharing services for employees when traveling to and from work? ☐ Yes ☐ No

V. CRIME

CRIME COVERAGE Quote: ☐ Yes ☐ No *If no, please continue to Section VI.*

Insuring Agreement	Limit of Insurance Per Occurrence	Deductible Per Occurrence
1. Employee Theft	☐ $150,000 ☐ Other: $ _____	☐ $1,000 ☐ Other: $ _____
2. Employee Theft of Client's Property	☐ $150,000 ☐ Other: $ _____	☐ $1,000 ☐ Other: $ _____
3. Employee Theft of Trade Secrets	☐ $150,000 ☐ Other: $ _____	☐ $1,000 ☐ Other: $ _____
4. Employee Theft of Client's Trade Secrets	☐ $150,000 ☐ Other: $ _____	☐ $1,000 ☐ Other: $ _____
5. Fraudulent Impersonation of Employees Included? a. Verification required for all transfers — **OR** b. Verification required for all transfers in excess of:	☐ Yes ☐ Yes $ _____	☐ No
6. Fraudulent Impersonation of Customers and Vendors Included? a. Verification required for all transfers — **OR** b. Verification required for all transfers in excess of:	☐ Yes ☐ Yes $ _____	☐ No
7. Forgery or Alteration	☐ $100,000 ☐ Other: $ _____	☐ $1,000 ☐ Other: $ _____
8. Inside the Premises — Theft of Money and Securities	☐ $100,000 ☐ Other: $ _____	☐ $1,000 ☐ Other: $ _____
9. Inside the Premises — Robbery or Safe Burglary of Other Property	☐ $100,000 ☐ Other: $ _____	☐ $1,000 ☐ Other: $ _____
10. Outside the Premises	☐ $100,000 ☐ Other: $ _____	☐ $1,000 ☐ Other: $ _____
11. Computer and Funds Transfer Fraud	☐ $100,000 ☐ Other: $ _____	☐ $1,000 ☐ Other: $ _____
12. Money Orders and Counterfeit Money	☐ $100,000 ☐ Other: $ _____	☐ $1,000 ☐ Other: $ _____

Please answer all of the following questions.

13. How often are audits conducted? _____

14. Who conducts the audits? _____

15. Are bank accounts reconciled by someone not authorized to deposit or withdraw? ☐ Yes ☐ No

16. Does supporting record accompany all checks to be signed? ☐ Yes ☐ No

17. Are payroll checks issued in accordance with time sheets? ☐ Yes ☐ No

18. Is record voided upon check issuance? ☐ Yes ☐ No *If no, identify controls used to avoid duplication, on a separate sheet.*

a. Do you have a written, enforced vendors process that requires verification of ownership and segregation of duties? ☐ Yes ☐ No

b. Are checks stamped "For Deposit Only" as received? ☐ Yes ☐ No

c. Are outbound checks required to be countersigned? ☐ Yes ☐ No *If no, explain why not:* _____

19. List the name of each employee health and welfare plan that is to be included as an insured:

_____

20. Is prior employer history checked? ☐ Yes ☐ No

21. Are credit checks secured for employees with access to financial transactions? ☐ Yes ☐ No

22. Are Social Security numbers verified? ☐ Yes ☐ No

23. Is criminal history checked? ☐ Yes ☐ No

VI. POLICY INFORMATION

Entire table must be completed. If none, please write "none."

Coverage	Insurance Carrier	Limits of Insurance	Deductible	Expiration Date	Retro Date	Annual Premium
Professional Liability/E&O		$	$			$
General Liability		$	$			$
Stop Gap		$	$			$
Abuse Coverage		$	$			$
EPLI		$	$			$
Auto		$	$			$
Crime		$	$			$
Excess/Umbrella		$	$			$
Property/ Inland Marine		$	$			$

VII. LOSS HISTORY

All questions in this section must be answered.

1. Has insurance ever been declined or cancelled?

☐ Professional Liability E&O: ☐ Yes ☐ No	☐ Abusive Acts: ☐ Yes ☐ No
☐ General Liability: ☐ Yes ☐ No	☐ EPLI: ☐ Yes ☐ No
☐ Stop Gap: ☐ Yes ☐ No	☐ Hired/Non-owned Auto: ☐ Yes ☐ No
☐ EBL: ☐ Yes ☐ No	☐ Crime: ☐ Yes ☐ No

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

2. 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.

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? ☐ Yes ☐ No
If yes, please provide an explanation on a separate sheet of paper.

4. During the past 5 years has any claim been made against the Applicant or any director, officer, employee or partner of the Applicant for:

Professional Liability Errors & Omissions: ☐ Yes ☐ No	Abusive Acts: ☐ Yes ☐ No
General Liability: ☐ Yes ☐ No	EPLI: ☐ Yes ☐ No
Stop Gap: ☐ Yes ☐ No	Hired and Non-Owned Auto: ☐ Yes ☐ No
Employee Benefits Liability: ☐ Yes ☐ No	Crime: ☐ Yes ☐ No

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 on this application.

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.

FAIR CREDIT REPORTING ACT NOTICE

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

FRAUD NOTICE FOR ALL APPLICANTS

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA, and WV.)

FRAUD NOTICES FOR APPLICANTS OF SPECIFIC STATES

Notice to Alabama, Arkansas, District of Columbia, Louisiana, New Mexico, Rhode Island and West Virginia 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 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 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.

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.

Notice to Kentucky, Ohio and Pennsylvania Applicants: 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.

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, and 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 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 Nebraska Applicants: 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.

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 New York Applicants: 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.

Notice to Oklahoma 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.

Notice to Oregon Applicants: 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.

Notice to Tennessee, Virginia and Washington 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 include imprisonment, fines, and denial of insurance benefits.

Signature _____ Date _____

Print name: _____ Title: _____

Agent Signature _____ Date _____

Print agent name: _____ Agent License Number: _____

Required in the state of Florida