ADMIRAL INSURANCE COMPANY **9606 North Mopac, Suite 950** **Austin, Texas 78759** **Phone: 512-795-0766 Fax: 512-795-0833** **http://www.admiralins.com**	**EMPLOYMENT AGENCY, EXECUTIVE SEARCH,** **PEO (EMPLOYEE LEASING), AND** **TEMPORARY STAFFING PROFESSIONAL LIABILITY INSURANCE** **APPLICATION**

1.   **Full Name of Applicant:** _____

_____

2.   **Mailing Address:** _____

_____

3.   **Internet Address:**_____

4.   **You are a: [] Corporation   [] Limited Liability Company   [] Sole Proprietor   [] Partnership   [] Other:** _____

5.   **Number of years in business:** _____   **Date Incorporated** _____

6.   **Are you a subsidiary?**   [] Yes   [] No   **If yes, provide details on a separate attachment.**

7.   **Do you own a subsidiary?**   [] Yes   [] No   **If yes, please provide details on a separate attachment.**

8.   **Do you have branch office?**   [] Yes   [] No   **If yes, please provide names and locations of all branch offices.**

9.   **What type of staffing services do you provide:**   [] Executive Recruiting/Search ____%   [] Employment Agency/Permanent Placement ____%
     (Give percentage of revenue derived from each.)
     ***Should total 100%**   [] Temporary Staffing   ____%   [] Temp to Perm Staffing   ____%

                                                             [] PEO/Employee Leasing   ____%   [] Other:_____   ____%

10. **ANNUAL REVENUE:**

	Estimate for next 12 months	Last 12 months
A. Professional Placements:	$_____	$_____
B. Non Professional Placements:	$_____	$_____

11. **ANNUAL PAYROLL (temporary staffing)**

     A. Projected for next 12 months: _____; _____% Professional   _____% Non Professional

     B. Last 12 Months: _____; _____% Professional   _____% Non Professional

12. **Any operations sold or acquired in the past 5 years?**   [] Yes   [] No   **If yes, please give details on a separate attachment.**

13. **Indicate the average number of years in the staffing industry for all partners, principals and employees engaged in placing or administering staffing positions:** _____

14. **Indicate the total number of internal employees : (Please provide resumes on all employees shown under a. and b.)**

     a)   **Placing candidates in temporary or permanent staffing positions:** _____

     b)   **Placing and administering leased employees:** _____

     c)   **Providing support work, clerical and all other non-professional internal services :** _____

     d)   **All other internal employees:** _____ **Please describe.**_____

     _____

15. **Do you contract with other staffing firms? [] Yes   [] No If Yes, please answer the following:**

     a)   **What percentage of your revenue is derived from these contracts?** _____%

     b)   **Do you require a written contract? [] Yes   [] No If Yes, please attach a sample contract .**

16. **Do you have a written contract with your candidate/placements?**   [] Yes   [] No   **If yes, please attach a sample copy.**

17.   a. **Provide estimated number of candidates/placements by classification for next 12 months and last 12 months.**

Estimate for

	Next 12 months			**Past 12 months**		
	W-2	**1099**	**FTE**	**W-2**	**1099**	**FTE**
Physician	____	____	____	____	____	____
Physician Assistant	____	____	____	____	____	____
Surgical Assistant	____	____	____	____	____	____
RN/LPN	____	____	____	____	____	____
Other Medical	____	____	____	____	____	____
Lawyers	____	____	____	____	____	____
Paralegals	____	____	____	____	____	____
Architects	____	____	____	____	____	____
Engineers	____	____	____	____	____	____
Accountants	____	____	____	____	____	____
Other: _____	____	____	____	____	____	____
b. Total number of hours	____	____	____	____	____	____

18.   **Do you require candidates/placements to maintain their own individual professional liability? [] Yes   [] No**

      If Yes, what type of candidates/placements?_____

      What limits? _____   How do you verify this coverage? _____

      _____

19.   **Does your firm provide Workers Compensation Insurance for candidates/placements? [] Yes   [] No If Yes, does coverage include Dual Employer Endorsement in all cases? [] Yes [] No**

20.   **Do you provide any other "benefits" to your candidate/placements? [] Yes [] No If yes, please provide types of benefits._____**

      _____

21.   **Do you have written credentialing procedures for candidates/placements? [] Yes   [] No If yes, please provide a copy.**

22.   **How often are professional credentials rechecked? _____**

23.   a. **Do candidates/placements ever handle the applicants or clients monies or securities? [] Yes [] No If Yes, please provide details._____**

      _____

      b.   **Does Fidelity coverage apply to all W-2 employees? []Yes []No**

      c.   **Does Fidelity coverage apply to all 1099 employees? [] Yes []No**

      d.   **What is the Fidelity bond or insurance limit? _____**

24.   **Do your clients interview your candidate/placements before acceptance/scheduling? [] Yes   [] No**

25.   **Do your clients verify references/credentials of your candidates/placements? [] Yes   [] No**

26.   **Do you have a written contract with your clients? [] Yes   [] No If Yes, please provide a sample copy.**
      Please list your five largest clients by name, type of candidates/placements provided and revenue.

Client/Job Name	**Type of Candidates/Placements**	**Revenue**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

27. Is the applicant currently insured under a Commercial General Liability policy? [] Yes [] No **If Yes, please attach a copy of the declarations page.**

28. Please provide the following information as respects the last five years of professional liability coverage beginning with the most current coverage:

Carrier	Limit	Deductible	Premium	Policy Term	Retroactive Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

29. Has any Errors and Omissions or Professional Liability Insurance for you or any principal, subsidiary or prior entity ever been declined or canceled? [] Yes [] No **If Yes, please provide details on separate attachment.**

30. Has the Applicant or any Director, Officer, employee or partner providing professional services on behalf of the Applicant ever been subject to disciplinary action as a result of professional activities? [] Yes [] No **If yes, please provide details on a separate attachment.**

31. Has any claim or allegation of any professional error or omission ever been made against the applicant or any of its employees? [] Yes [] No If Yes, please complete the Supplemental Claim Information Form at the end of this application for each and every claim. **Please attach five years of currently valued company loss runs to this application.**

32. Is the applicant aware of any circumstances which may result in any claim against them or their employees? [] Yes [] No If Yes, please provide full details on each incident, including name of parties involved, date of treatment and current status of incident._____
_____
_____

The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statement and representations made in this application and this application will be made a part of the policy. The applicant understands that any subsequent contract issued by the Company will be issued on a claims made form.

_____   _____
Signature of Applicant's Authorized Representative   **Date**

PLEASE ATTACH THE FOLLOWING:
- **Resumes of key staff engaged in placing candidates in temporary staffing positions.**
- **Copies of the Agreements between you and your candidates/placements;**
- **Copies of Agreements between you and your clients;**
- **Most Recent Audited Financial Statement;**
- **Credentialing Procedures**
- **Five years of currently valued loss runs.**

SUPPLEMENTAL CLAIM INFORMATION FORM
(Complete one form for each claim)

1. **Name of applicant/named insured:** _____

_____

2. **Name of other parties or defendants named in suit:** _____

_____

_____

3. **Data of alleged error or occurrence, or contact date:** _____

4. **Data claim was made:** _____

5. **Name of claimant:** _____

6. **Name of Insurance Company handling your claim:** _____

7. **Present status of claim or final disposition:** _____

_____

_____

Circle One: **CLOSED**   **OPEN**

8. **Defense costs paid to date inclusive of any deductible:** _____

9. **If closed, total loss paid, inclusive of any deductible:** _____

10. **If claim is open or pending, what are the insurers reserves?**

    Defense: _____ **Loss:** _____

11. **Description of case and events including allegations and assessment of liability:** _____

_____

_____

_____

_____

12. **Claimants last settlement demand:** _____

_____   _____

Date   **Signature**