

# National Casualty Company

Home Office  
 Madison, Wisconsin  
 Administrative Office  
 8877 North Gainey Center Drive • Scottsdale, Arizona 85258  
 1-800-423-7675 • Fax (480) 483-6752

## APPLICATION FOR PERSONNEL CONSULTANTS AND TEMPORARY HELP SERVICES PROFESSIONAL LIABILITY AND EMPLOYMENT PRACTICES LIABILITY

**THE EPLI COVERAGE IS ON A CLAIMS MADE AND REPORTED BASIS.  
 PLEASE READ THE COVERAGE PART CAREFULLY.**

1. Name of **Applicant** (please include DBAs): **(Use an additional sheet of paper if necessary)** \_\_\_\_\_

---

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Web site Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Subsidiaries/Branch Offices: **(Use an additional sheet of paper if necessary)** \_\_\_\_\_

---

2. Applicant is:  Individual  Partnership  Corporation  LLC  Other: \_\_\_\_\_

3. Applicant is: Franchisor? ..... Yes  No Franchisee? .....  Yes  No

4. Date established: \_\_\_\_ / \_\_\_\_ **If less than two (2) years, please attach resumes of all principals.**

5. Limits of Liability desired for Professional Liability:

\$250,000/\$500,000       \$250,000/\$750,000       \$500,000/\$500,000

\$1,000,000/\$1,000,000       \$1,000,000/\$2,000,000       Other: \$ \_\_\_\_\_ / \$ \_\_\_\_\_

Deductible desired for Professional Liability:

None     \$2,500     \$5,000     \$7,500     \$10,000     \$25,000

\$50,000     Greater than \$50,000 (indicate amount): \$ \_\_\_\_\_

MAXIMUM DEDUCTIBLE WILL BE DETERMINED AFTER UNDERWRITING REVIEW.

6. Effective date desired: \_\_\_\_\_

7. Principal industries served by the Applicant for Temporary Placements: \_\_\_\_\_

Principal industries served by the Applicant for Permanent Placements: \_\_\_\_\_

8. Provide the following financial information for the last two (2) years (REQUIRED):	Current Year (12 month numbers— estimate if necessary)	Previous Year (12 month actual)
<b>TOTAL ANNUAL GROSS REVENUES (Revenues before expenses)</b>	\$	\$
<b>TOTAL ANNUAL GROSS REVENUES DERIVED FROM PERMANENT PLACEMENT</b>	\$	\$
<b>TOTAL ANNUAL GROSS REVENUES DERIVED FROM TEMPORARY HELP PLACEMENT</b>	\$	\$
<b>TOTAL ANNUAL GROSS REVENUES DERIVED FROM OTHER SERVICES</b>	\$	\$
<b>Identify "OTHER" Services:</b>		

9. Does Applicant have positive net worth?.....  Yes  No

10. Does Applicant have sufficient working capital? .....  Yes  No

**If questions 9. and/or 10. are answered "No," please submit your most current annual financial statement.**

11. How many Permanent Placements do you average annually? \_\_\_\_\_

12. How many Temporary Placements do you average annually? \_\_\_\_\_

13. a. Please provide the total amount of annual temporary placement payroll, if any: \$ \_\_\_\_\_

If a payroll amount was indicated in question 13.a. above, please provide the percentage of total payroll for Temporary Placements by type: (This must add up to one hundred percent [100%])

A	Clerical _____%	D	Accountant*** _____%
	Secretarial _____%		Actuary*** _____%
B	Construction _____%	E	Auditor _____%
	Temporary Drivers* _____%		Collection Agent _____%
	Industrial/Manufacturing _____%		Customer Service Representative _____%
	(describe placements in detail): _____ _____ _____		Insurance Adjuster _____%
C	Bank Teller _____%	F	Investment Counselor, Broker or Advisor _____%
	Bookkeeper _____%		Lawyer*** _____%
	Call Center _____%		Security Guard, Consultant, Trainer, Private _____%
	Data Entry _____%	E	Information Technology*** _____%
	Facilities/Property Management _____%		EDP Software Engineer*** _____%
	Food Service Worker _____%		EDP Programmer*** _____%
	Hospitality _____%		EDP Other*** _____%
	Human Resources _____%	F	(describe): _____ _____
	Management Consultant _____%		Architect*** _____%
	Mortgage Broker _____%		Draftsman*** _____%
	Paralegal _____%		Civil Engineer*** _____%
	Real Estate Agent _____%		Electrical Engineer*** _____%
Sales Personnel _____%	Mechanical Engineer*** _____%		
Telemarketer _____%	Medical** _____%		
Other _____% (describe): _____			
_____			

\* There is no coverage under the policy for the selection, recruitment or placement of temporary drivers of any vehicle or equipment for any client.

\*\* Medical placement services are ineligible.

b. \*\*\* If temporary Professional Placements are made, are written client services contracts used? .....  Yes  No

If "Yes," 1. Do they contain an Arbitration Clause?.....  Yes  No

2. Do they contain a Hold Harmless Clause?.....  Yes  No

3. Do they contain a Direction and Control of Client Clause?.....  Yes  No

**If you have answered "No" to 2. and/or 3. above, you will be required to implement a Hold Harmless Clause and/or a Direction and Control Clause to your client services contracts for Professional Placements within ninety (90) days. Will you agree to do this? .....  Yes  No**

- c. If Architect or Engineer Placements are made, do they have sign-off authority on any project including blueprints? .....  Yes  No
- d. If Insurance Adjuster Placements are made, do they have check drafting or claim settlement authority? .....  Yes  No

14. **By state, please list the total number of locations and employees (including owners and employees of subsidiaries for which coverage is desired) for the current year:**

STATE (In which you have office locations)	NUMBER OF LOCATIONS	NUMBER OF PROFESSIONALS/PLACERS INVOLVED IN RECRUITING (including owners)	ALL OTHER EMPLOYEES/ INDEPENDENT CONTRACTORS IN YOUR OFFICE	TEMPORARY EMPLOYEES/ INDEPENDENT CONTRACTORS YOU PLACE WITH CLIENTS

15. Has Applicant's staff increased or decreased fifteen percent (15%) or more in the past year? .....  Yes  No  
If "Yes," please explain: \_\_\_\_\_

16. **Percentage of employees by salary range (each column totals to one hundred percent [100%]):**

RANGE	100% OF ALL EMPLOYEES (including owners)	100% OF PERMANENT PLACEMENTS MADE	100% OF TEMPORARY EMPLOYEES YOU PLACE WITH CLIENTS
Less than \$30,000	%	%	%
\$30,000 to \$50,000	%	%	%
\$50,001 to \$100,000	%	%	%
\$100,001 to \$200,000	%	%	%
Over \$200,000	%	%	%

17. Does the Applicant conduct reference checks? .....  Yes  No  
If "Yes," does the Applicant subcontract this activity out to others? .....  Yes  No

18. Does the Applicant conduct background checks? .....  Yes  No  
a. If "Yes," on what percentage of candidates? ..... %  
b. If "Yes," does the Applicant subcontract this activity out to others? .....  Yes  No

19. Does the Applicant have a written procedural manual for employees to follow? .....  Yes  No

20. Is commercial general liability coverage currently in force? .....  Yes  No  
If "Yes," please provide:

Insurance Company: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Limit of Liability: \_\_\_\_\_

21. Is errors and omissions or professional liability insurance currently in force? .....  Yes  No  
 If "Yes," please provide:  
 Insurance Company: \_\_\_\_\_  
 Expiration date: \_\_\_\_\_ Limit of Liability: \_\_\_\_\_ Premium: \_\_\_\_\_ Deductible: \_\_\_\_\_  
 Is the policy: \* Claims Made?  Occurrence?  
 \*If your current policy is "Claims Made," please provide the Retroactive or Prior Acts Date: \_\_\_\_\_
22. **IS EMPLOYMENT PRACTICES LIABILITY (EPLI) COVERAGE DESIRED?** .....  Yes  No  
**IN EITHER CASE, THE CLAIM HISTORY QUESTION 35. MUST BE COMPLETED AND SIGNATURE IS REQUIRED ON THIS APPLICATION.**  
**IF EPLI COVERAGE IS DESIRED, PLEASE COMPLETE THE FOLLOWING QUESTIONS: THE EPLI COVERAGE IS ON A CLAIMS MADE AND REPORTED BASIS. PLEASE READ THE COVERAGE PART CAREFULLY.**
23. Limits of Liability for EPLI: The EPLI Coverage Part will have separate Limits of Liability; however, the EPLI Limits of Liability must be equal to the Limits of Liability selected for the Professional Liability Coverage Part in question 5. above.  
 EPLI Deductible desired:  
 \$2,500  \$5,000  \$7,500  \$10,000  \$25,000  \$50,000  
 Greater than \$50,000—Indicate amount: \$ \_\_\_\_\_  
 MAXIMUM DEDUCTIBLE WILL BE DETERMINED AFTER UNDERWRITING REVIEW.
24. Does Applicant have an employee handbook or manual? .....  Yes  No
25. Does Applicant have an individual trained to handle personnel/Human Resource functions? .....  Yes  No  
**If questions 24. and/or 25. are answered "No" and the applicant has fifty (50) or more employees (including temporary workers), the Applicant will be required to implement these within ninety (90) days of the effective date of any policy that may be issued. Will you agree to implement these within ninety (90) days?** .....  Yes  No
26. Does Applicant provide a sexual harassment statement to your employees as follows?  
 a. Statement clearly states who an incident should be reported to (including an alternate if needed)? .....  Yes  No  
 b. Statement advising them that they need to advise management if they are being harassed in any fashion? .....  Yes  No  
 c. Statement is signed by the employee? .....  Yes  No
27. Does Applicant provide an EEOC statement to your employees which is signed by the employee? .....  Yes  No
28. Does Applicant provide an At Will statement to your employees? .....  Yes  No
29. Are all equal opportunity notices posted in common areas? .....  Yes  No
30. Does Applicant have procedures to comply with the American Disabilities Act? .....  Yes  No
31. Does Applicant use a formal, standardized employment application with an EEOC statement? .....  Yes  No
32. Does Applicant maintain written records of all performance reviews and disciplinary actions? .....  Yes  No
33. Does Applicant have a written procedure in place that explains to management what procedures should be followed if a Temporary Placement Worker notifies the Applicant that he or she has been harassed?..  Yes  No  
**If any of questions 26. through 32. are answered "No" and the Applicant has ten (10) or more employees (including temporary workers), the Applicant will be required to implement procedures to comply with the appropriate Employment Practices within ninety (90) days of the effective date of any policy that may be issued. Will you agree to implement the required procedures within ninety (90) days?** .....  Yes  No

34. Is employment practices liability coverage currently in force? .....  Yes  No

If "Yes," please provide:

Insurance Company: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Limit of Liability: \_\_\_\_\_ Premium: \_\_\_\_\_ Deductible: \_\_\_\_\_

Is the policy: \* Claims Made?  Occurrence?

\*If Applicant's current policy is "Claims Made," please provide the Retroactive or Prior Acts Date: \_\_\_\_\_

35. **CLAIMS HISTORY**

a. **Have there been any Professional Liability or Employment Practices Liability (EPLI) claims, incidents or regulatory complaints made against you, any employee or former employee, the Applicant or anyone proposed for this insurance, in the last five (5) years? .....**  Yes  No

If "Yes," how many? \_\_\_\_\_

If "Yes," please complete a Claim/Circumstance/Administrative Hearings Supplement for **each** claim.

b. **Are you or anyone proposed for this insurance aware of any circumstances which might give rise to a Professional Liability or EPLI claim, incident or regulatory complaint?.....**  Yes  No

If "Yes," how many? \_\_\_\_\_

If "Yes," please complete a Claim/Circumstance/Administrative Hearings Supplement for **each** incident.

c. **Are you or anyone proposed for this insurance aware of any charges, inquiries, investigations, grievances or other administrative hearings in the last five (5) years or currently? .....**  Yes  No

If "Yes," how many? \_\_\_\_\_

If "Yes" to any, please complete a Claim/Circumstance/Administrative Hearings Supplement for **each**.

d. **Was prior Professional Liability and/or EPLI coverage ever cancelled or nonrenewed? (OTHER THAN BEING NONRENEWED DUE TO THE CARRIER NO LONGER WRITING THESE COVERAGES) (NOT APPLICABLE TO MISSOURI APPLICANTS) .....**  Yes  No

IF "YES," PLEASE EXPLAIN REASON FOR NONRENEWAL OR CANCELLATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NOTE: THE APPLICANT UNDERSTANDS AND AGREES THAT IF ANY FACTS, INCIDENTS OR CIRCUMSTANCES EXIST WHICH MAY REASONABLY GIVE RISE TO A CLAIM UNDER THIS PROPOSED POLICY, THEN ANY CLAIMS ARISING FROM SUCH FACTS, INCIDENTS OR CIRCUMSTANCES ARE EXCLUDED FROM COVERAGE.**

**SIGNATURE SECTION AND OTHER INFORMATION**

**NOTE:** Please recheck all answers and sign below. Coverage cannot be bound without signature or if this application is incomplete.

**THE UNDERSIGNED REPRESENTS TO THE BEST OF HIS OR HER BELIEF AND KNOWLEDGE, AFTER REASONABLE INQUIRY AND DUE DILIGENCE, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY SUPPLEMENTS THERETO ARE TRUE AND CORRECT.**

**THE UNDERSIGNED DECLARES THAT ANY CLAIM, INCIDENT OR CIRCUMSTANCE TAKING PLACE PRIOR TO THE EFFECTIVE DATE OF THE INSURANCE APPLIED FOR WILL IMMEDIATELY BE REPORTED IN WRITING TO THE INSURER. AS A RESULT, THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.**

**THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE THE INSURANCE, NOR DOES THE REVIEW OF THIS APPLICATION BIND THE INSURANCE COMPANY TO ISSUE A POLICY.**

**THE APPLICANT UNDERSTANDS AND AGREES THIS APPLICATION AND ANY SUPPLEMENTS THERETO SHALL BE INCORPORATED INTO ANY POLICY THAT MAY BE ISSUED AND THE UNDERWRITERS ARE RELYING ON THE TRUTH OF THE STATEMENTS SET FORTH HEREIN IN MAKING A DETERMINATION TO ISSUE ANY POLICY. THE APPLICANT ALSO UNDERSTANDS AND AGREES THIS APPLICATION FOR COVERAGE DOES NOT MEAN ANY REQUESTED COVERAGES, LIMITS OR DEDUCTIBLES SHALL BE GRANTED IN FACT; UNDERWRITERS MUST AGREE TO ANY REQUESTS WHETHER IN THE APPLICATION OR OTHERWISE.**

**THE UNDERSIGNED INDIVIDUAL REPRESENTS HE OR SHE IS DULY AUTHORIZED AND EMPOWERED TO MAKE THIS APPLICATION, INCLUDING THE REPRESENTATION, ON BEHALF OF THE APPLICANT OR ANY INDIVIDUAL WHO MAY SEEK COVERAGE UNDER ANY BINDER OR INSURANCE POLICY ISSUED IN RELIANCE HEREON.**

**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.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature and Title of Principal (must be owner, partner or officer)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title of Principal Signing Above

\_\_\_\_\_  
Signature of Individual Responsible for Human Resources

\_\_\_\_\_  
Date

Agent Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_

***(Applicable to Florida Agents Only.)***