

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY  
PELEUS INSURANCE COMPANY**

**CONTRACT DIVISION - TEMPORARY EMPLOYMENT AGENCIES - SUPPLEMENTAL APPLICATION**

ACORD Application also required - Check all applicable checkboxes below

<b>General Agent:</b>	<b>Date:</b>
<b>Insured:</b>	
<b>Insured Mailing Address:</b>	
<b>Insured's Web Address:</b>	
<b>Insured Contact Name:</b>	<b>Phone Number:</b>

**PROHIBITED** (check all that apply to your operations)

- Babysitters, Day care workers, Nannies
- Bartenders
- Career counseling services
- Construction Labor related work placements
- Contingency agencies (defined as firms that primarily locate applicants for companies)
- Drivers
- Employees leased to industrial related firms
- Executive search exposures
- Farm labor
- Heavy equipment operators
- Industrial related work placements
- Production equipment operators
- Professional placements (i.e. accounting, dental, engineering, medical, lawyer)

**YEARS IN BUSINESS / EXPERIENCE**

\_\_\_\_\_ Years in business as the 'Named Insured' indicated on this application

\_\_\_\_\_ Years' experience in the operations indicated on this application - Attach resumes if available

- Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.  
(Missouri Applicants - Do not answer this question)

- Applicant in receivership
- Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

**LICENSING / CONTRACTS**

- Applicant has all required licensing in place
- Copy of insured's standard client agreement is attached

## TEMPORARY EMPLOYMENT AGENCIES - SUPPLEMENTAL APPLICATION

### LOSS HISTORY

- Three years of loss history information on ACORD application or attached to this application

### OPERATIONS / EXPOSURES / CONTROLS

- Applicant references are checked before placement  
 Applicant background check is always made before placement

Provide a full description of the services offered:

- Workers Compensation coverage is verified prior to placement

Maximum Length of time an employee is leased: \_\_\_\_\_ months

### SUBCONTRACTORS

- Uninsured subcontractors are not acceptable.
- Describe type of work performed by subcontractors:

- Risk Transfer – Subcontractors:
  - Additional Insured – Status granted to you on the subcontractor’s policy
  - Certificates of insurance - Always obtained from a subcontractor prior to any work being done for you.
  - Limits of Liability - Subcontractors are required to carry limits equal or above your own

### EMPLOYEES

Total Number of Employees (include leased employees): \_\_\_\_\_

### RECEIPTS

Annual Payroll	\$
Annual Receipts	\$

### COVERAGE OPTIONS - LIABILITY (check if you would like a quote on any of the following)

- Employee Benefit Liability – U058  
 High Limits General Liability  
 Identity Recovery – i.e. Identity Theft – U651  
 Medical Expense Limit of \$10,000 rather than \$5,000  
 Stop Gap Liability – U066

Employment Practices Liability Insurance is NOT available for Temporary Employment Agencies

### COVERAGE OPTIONS - PROPERTY (check if you would like a quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750  
 Equipment Breakdown – U522 & U523  
Property Coverage Enhancement:  Bronze – U777C  Silver – U777B or  Gold – U777A  
 Signs (Outdoor) – CP1440  
 Water Back Up and Sump Overflow – U548

**TEMPORARY EMPLOYMENT AGENCIES - SUPPLEMENTAL APPLICATION**

**GENERAL FRAUD STATEMENT (Not applicable in all states.)**

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

*The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:*

- The answers are true, correct and complete to the best of his/her knowledge.*
- They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

**SIGN AND DATE**

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE