



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

TEMPORARY EMPLOYMENT AGENCY ERRORS & OMISSIONS APPLICATION

APPLICANT'S INFORMATION

1. Legal name of the business who is the primary applicant and will be the first named insured listed on the policy:

2. Please list all other business/dba names for which you are seeking coverage under this policy: _____

3. Corporation Individual Partnership Municipality For Profit Joint Venture
 Other: _____
4. Please list any names of other entities that you own or manage or that you do business under (such entities are not requesting coverage under this policy): _____

5. Primary location address: _____
6. County of primary location: _____ Date business originally established: _____
7. Total number of branches? _____ List all addresses for additional branches: _____
8. What is your web-site address? www. _____
9. What is your phone number? _____
10. Has the name or ownership of the entity changed or has any other business been purchased, merged or consolidated with the entity within the last 5 years? Yes No
11. Does any entity own or control your business or does your business own or control any entity? Yes No
12. During the past five years, has your name been changed or has any other business purchased, merged or consolidated with you? Yes No
For questions 9-11, please fully explain any "yes" response, including the names, dates, and revenue impact involved:

13. Please list any associations of which you are a member: _____

GENERAL INFORMATION

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

2. Provide full names of individual and partners: _____
3. Date your company was established: _____
4. Receipts for last 12 months: \$ _____
Receipts for next 12 months: \$ _____
5. Describe qualifications, experience, screening and training of employees: _____

6. 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 engaged 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.

7. 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. _____	_____	\$ _____

8. 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? _____

9. Indicate the following number of staff and percentage of receipts from placement:

Description of *employees* or *contracted* personnel:

THIS SECTION MUST BE COMPLETED

TEMPORARY AGENCIES	Number of Employees	Number of Contractors	Receipts for the Last 12 months	Receipts for the Next 12 months
Clerical				
Professional				
Trade				

For any professional/trade staff placed, please provide a description of the type of specialty: _____

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

10. Are employees/contractors references contacted before hired/placed? Yes No

How are references checked? Written Verbal Both

If verbal only, please explain: _____

11. Do you question prospective employees as to any criminal record? Yes No

12. Do you verify certification and/or professional licensure status of employees and independent contractors? Yes No

13. 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 \$1M/\$1M \$1M/\$2M \$1M/\$3M

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 (Include description of claim, amounts paid, and reserves: _____

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 (Include description of claim, amounts paid, and reserves: _____

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA 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 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, or denial of insurance benefits.

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 MEXICO 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 civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO 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 a 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.

NOTICE TO TENNESSEE 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.

NOTICE TO VIRGINIA 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____