



**TEMPORARY EMPLOYMENT AGENCIES
SUPPLEMENT**
(Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does the contract used by you state the following: | | |
| a. Employees are covered by worker's compensation | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Client provides supervision and has worker's compensation coverage in place | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Employer's liability is required | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A hold harmless agreement stating that the client is responsible for negligent acts of the temporary employee | <input type="checkbox"/> | <input type="checkbox"/> |
| Attach a copy of the contract. | | |
| 2. Do you carry Professional E&O coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you operate as a Professional Employee Organization (PEO) or Employee Leasing Firm? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your organization place employees in the Medical or Computer field? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: | | |
| 5. Clerical Payroll: \$ _____ | | |
| Non-Professional Payroll: \$ _____ | | |
| 6. Are employees screened and background checks performed? | <input type="checkbox"/> | <input type="checkbox"/> |

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date

Producer Name and Address