

**PROFESSIONAL EMPLOYMENT  
ORGANIZATION  
SUPPLEMENTAL APPLICATION**



**INSTRUCTIONS FOR COMPLETING APPLICATION:**

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
2. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach exhibit with the question number.
3. Application must be signed and dated by authorized person.

1. Applicant name: \_\_\_\_\_

2. Your Company operates as a:  
\_\_\_\_ Professional Employer Organization  
\_\_\_\_ Temporary Employee Placement  
\_\_\_\_ Employee Leasing Service  
\_\_\_\_ Executive Recruiter  
\_\_\_\_ Other: \_\_\_\_\_

3. Please indicate type of placement by percentage:

- a. Permanent Placements \_\_\_\_\_%
- b. Temporary Placements \_\_\_\_\_%

4. Does the applicant have any field of specialization?  Yes  No  
If "Yes", please describe:

\_\_\_\_\_

5. Does the Applicant contract with any outside firms for services?  Yes  No

If "Yes", is the applicant named as an Additional Insured on subcontractor's General and Professional Liability policies?  Yes  No

6. How does the Applicant generate fees from outside the country?

7. Does the Applicant generate fees from outside the country?  Yes  No  
If "Yes", please list the countries:

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

**IF YOU ARE A PROFESSIONAL EMPLOYER ORGANIZATION OR AN EMPLOYEE LEASING FIRM, PLEASE COMPLETE THE FOLLOWING:**

8. Total number of employees leased in the last year:
9. Does the Applicant contract directly with a government body?  Yes  No  
If “Yes”, what are the fees: \$ \_\_\_\_\_
10. Are any proficiency tests administered to job applicants?  Yes  No
11. Does the Applicant conduct background checks/prescreen new hire leased employees before hiring?  Yes  No
12. Does the Applicant administer or otherwise handle any of the following services:
- a) Pension or retirement plans for leased employees?  Yes  No  
If “Yes”, please describe the plan type:  
\_\_\_\_\_
  - b) Compilation, preparation and filing of all clients’ payroll and related leases-employee information?  Yes  No
  - c) Payroll deductions and making proper payment for income tax and Social Security tax under Federal, State and Local laws for compensation and benefits paid to leased employees?  Yes  No
  - d) Workers compensation insurance for the benefit of leased employees?  Yes  No
  - e) Administration of employee benefit plans for the benefit of leased employees?  Yes  No
  - f) Advise leased employees on client’s employee-benefit plans?  Yes  No
  - g) Advise employer clients on changes in employment policies, governmental regulations affecting leased employees?  Yes  No

**IF YOU ARE INVOLVED IN TEMPORARY EMPLOYEE PLACEMENT, PLEASE COMPLETE THE FOLLOWING:**

13. Total number of temporary employee hours billed:

14. Please provide the percentage of the number of placements provided:

<b>Service</b>	<b>Percentage</b>	<b>Service</b>	<b>Percentage</b>
Typing/Filing	____%	Accountant	____%
Secretary	____%	Lawyer	____%
Mail/Inventory	____%	Doctor	____%
Messenger	____%	Dentist	____%
Bank Teller	____%	Architect	____%
Bookkeeper	____%	Engineer	____%
Financial Clerks	____%	Consultants	____%
Word Processors	____%	Electronic Data processor	____%
Data Entry Clerks	____%	Programmer	____%
Key Punch Operators	____%	Medical and Home Care	____%
Construction	____%	Nurses	____%
Other: _____	____%		

**IF YOU ARE INVOLVED IN ANY OTHER KIND OF EMPLOYEE/STAFFING PLACEMENT, PLEASE COMPLETE THE FOLLOWING:**

15.

<b>Service</b>	<b>Fees</b>
Business Consulting	\$ _____
Career Counseling	\$ _____
House Resource Consulting	\$ _____
Outplacement Services	\$ _____
Permanent Placement	\$ _____
Total number of leased employees:	_____
Total number of corporate employees:	_____
Total number of temporary employees:	_____

**I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.**

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.**

_____	_____	_____
<b>Signature of Owner, Officer or Partner</b>	<b>Print or Type Name and Title</b>	<b>Date (m-d-y)</b>