



AVRECO

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**APPLICATION FOR TEMPORARY STAFFING FIRM
EMPLOYMENT PRACTICES LIABILITY INSURANCE**

THIS IS AN APPLICATION FORM FOR A CLAIMS MADE POLICY

INSTRUCTIONS:

1. Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.
2. Applications must be dated and have two signatures.
3. "Applicant" refers to the Temporary Staffing Firm and all proposed Insureds.
4. PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.

I. General Information

A. Name and address of Applicant: _____

B. Person to contact: _____
(name, title, telephone)

C. Corporation Professional Corporation Partnership Other
(Please specify) _____

D. Number of other locations (indicate states/countries): _____

E. Does the Applicant seek coverage for claims made by Temporary Workers for Wrongful Employment Practices or Staffing Services Discrimination (Insuring Agreement B) (as those terms are defined in the Policy)? Yes No

APPLICANTS ANSWERING YES TO I.E. MUST COMPLETE SECTION VI OF THIS APPLICATION

F. Does the Applicant seek coverage for Defense Costs for Wrongful Employment Practices Claims made by Temporary Workers against any of its clients (Insuring Agreement C)? (if Yes, please provide a schedule of those clients for which Defense Cost coverage is sought) Yes No

APPLICANTS ANSWERING YES TO I.F. MUST COMPLETE SECTIONS VI and VII OF THIS APPLICATION

G. How long has the Applicant been in business? _____ Years

H. How long has the Applicant been under current management? _____ Years

I. In the past twelve (12) months, has your total number of employees decreased by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate?
 Yes No

(If Yes, please complete the Reduction In Force supplement (I))

J. In the next twelve (12) months, do you anticipate the total number of your employees to decrease by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate?
 Yes No

(If Yes, please complete the Reduction In Force supplement (J))

K. If, during the next 12 months, circumstances of which you are currently unaware make it necessary for you to decrease the number of your Employees by ten percent (10%) or five (5) Employees, whichever is greater, through the implementation of any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate (with any such reduction, lay-off or closure not known, anticipated or planned by you as of the date of this Application), do you agree that you will consult with, and adopt the advice of, a lawyer who specializes in labor and employment law (may include in-house counsel, but only if that counsel is qualified and experienced in the practice of labor and employment law) as respects the implementation of such reduction, lay-off or closure?

Yes No

L. Does the Applicant anticipate any merger, acquisition, or addition of any operations that would comprise a twenty five percent (25%) or ten (10) employees, whichever is **greater**, increase over the current number of employees?
 Yes No

(If Yes, please provide full details on a separate sheet)

M. Has the proposed coverage ever been purchased before, whether specifically or as a part of or addition to another coverage?
 Yes No

<u>Year</u>	<u>Type of Coverage</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

N. Has any insurer ever canceled or non-renewed the Applicant or its predecessor for this type of coverage?
 Yes No

(If Yes, please provide details on a separate sheet)

II. Financial Information

A. Please answer the following four (4) questions for the Insured Company, including its subsidiaries, for the most recent fiscal year end:

- i) What are the Applicant's total assets? \$ _____
- ii) What are the Applicant's total gross revenues? \$ _____
- iii) Does the Applicant currently have: Net Income or
Net Loss
Amount \$ _____
- iv) Does the Applicant currently have: Positive Cashflow or
Negative Cashflow
Amount \$ _____

B. Has an auditor in the previous two (2) fiscal years recommended a "going concern" opinion of the financial information for the Applicant? Yes No
(If Yes, please provide details on a separate sheet)

III. Loss History

A. Furnish details of all Wrongful Employment Practice Claims *(as those terms are defined in the Policy)* against the Applicant within the last 5 years. None See attached
(Please include all demands and lawsuits, as well as all charges, inquiries, investigations, grievance or other proceedings before the Equal Employment Opportunity Commission, or any other governmental agency with responsibility for employment practices.)

Total number of Claims in the last 5 years _____

PLEASE PROVIDE A FULL DESCRIPTION OF EACH CLAIM ON A SEPARATE SHEET.

B. Does any director, officer, partner, shareholder, principal, or employee Yes
 No
with personnel responsibility have knowledge of any circumstances that could give rise to a Claim or in any other way suspect that a Claim may be brought?

PLEASE PROVIDE A FULL DESCRIPTION OF EACH CIRCUMSTANCE ON A SEPARATE SHEET.

For example, but not by way of limitation, it would be reasonable for you to foresee that a Claim may be brought against you if a current or former employee, including officers, or an applicant for employment, has expressed dissatisfaction with the employment relationship or the employment application process by:

- i) making a formal complaint to an officer, principal, or supervisory employee of unfair employment practices;
- ii) otherwise complaining of discrimination, harassment, or unfair treatment;
- iii) threatening to hire an attorney; or
- iv) asking for a severance package in excess of what was offered.

The Applicant acknowledges that any Claims, or Claims later arising from circumstances reported, or that should have been reported, in this Section III will be excluded from coverage.

IV. Employees

A.	Number of employees:	Full Time: _____	Part Time: _____
B.	Salary ranges (including bonuses, dividends and commissions)	Number of full time employees	Number of part time employees
	\$ 50,000 or less :	_____	_____
	\$ 50,001 to \$100,000 :	_____	_____
	\$100,001 and over :	_____	_____
C.	Does the Applicant use seasonal or temporary employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If so, when and how many? _____		
	Are these employees included in A and B above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.	Does the Applicant use leased workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, how many have been retained by the Applicant in the past 12 months? _____		
	Are these employees included in A and B above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E.	How many employees are covered by collective bargaining or other union agreements?	_____	
F.	In the past 12 months, how many <u>officers</u> have left your employ?	_____	
	Of the above, how many were terminated?	_____	
G.	In the past 12 months, how many <u>other employees</u> have left your employ?	_____	
	Of the above, how many were terminated?	_____	

V. Human Resources

- A. Does the Applicant have written employment agreements with all officers? Yes No
- B. Have the Applicant's managers and/or supervisors attended training and education programs/seminars on sexual harassment and other types of discrimination within the last 12 months? Yes No
If Yes, who has attended? _____
If Yes, who conducts the sessions? _____
- C. Does the Applicant have its employment policies/procedures reviewed by labor or employment counsel? Yes No
If Yes, identify the firm and date of last review: _____
- D. Does the Applicant have a Human Resources or Personnel Department? Yes No
If No, who handles this function _____
- E. Does the Applicant have an employee handbook? Yes No
If Yes, does the Applicant distribute it to all employees? Yes No
If Yes, do all employees sign for its receipt? Yes No
If Yes, does it expressly state that it is not a contract and that employment is "at will"? Yes No
- F. Does the Applicant have written procedures for handling employee complaints of discrimination and/or sexual harassment? Yes No
- G. Does the Applicant require all terminations to be reviewed by:
The person in charge of human resources? Yes No
Outside counsel? Yes No
- H. Does the Applicant maintain a personnel file for each employee? Yes No

VI. Coverage for Claims by Temporary Workers for Wrongful Employment Practices and/or Staffing Services Discrimination

ONLY APPLICANTS ANSWERING "YES" TO SECTIONS I.E. AND I.F. MUST COMPLETE THIS SECTION

- A. Total Number of Temporary Workers registered with the Applicant during the last twelve (12) months: _____
- B. Total Number of billable hours completed by Temporary Workers during the past twelve (12) months: _____

C. Number of Placed Temporary Workers in the following job classifications

Medical _____
Professional _____
Legal _____
Clerical _____
Manual _____

D. Does the Applicant use a standard application form for all Temporary Workers? (if Yes, please attach copy) Yes No

E. Does the Applicant maintain a separate file for each Temporary Worker? (if Yes, how often are these filed updated)? Yes No updated _____

F. Furnish details of all Wrongful Employment Practice Claims or Claims of Staffing Services Discrimination by a Temporary Worker (as those terms are defined in the Policy) against the Applicant within the last 5 years. (Please include all demands and lawsuits, as well as all charges, inquiries, investigations, grievance or other proceedings before the Equal Employment Opportunity Commission, or any other governmental agency with responsibility for employment practices.)

Total number of Claims as described in VI.F., above, in the last 5 years _____

PLEASE PROVIDE A FULL DESCRIPTION OF EACH CLAIM ON A SEPARATE SHEET.

G. Does any director, officer, partner, shareholder, principal, or employee with personnel responsibility have knowledge of any circumstances that could give rise to a Claim as described in Section VI.F., above, or in any other way suspect that such a Claim may be brought? Yes No

PLEASE PROVIDE A FULL DESCRIPTION OF EACH CIRCUMSTANCE ON A SEPARATE SHEET.

For example, but not by way of limitation, it would be reasonable for you to foresee that a Claim may be brought against you if a Temporary Worker has expressed dissatisfaction with the staffing services process (i.e., registration/recruitment/placement) by:

- i) *making a formal complaint to an officer, principal, or supervisory employee of unfair employment practices;*
- ii) *otherwise complaining of discrimination, harassment, or unfair treatment; or*
- iii) *threatening to hire an attorney.*

The Applicant acknowledges that any Claims, or Claims later arising from circumstances reported, or that should have been reported, in this Section VI will be excluded from coverage

VII. Client Defense Coverage

ONLY APPLICANTS ANSWERING "YES" TO SECTION I.F. MUST COMPLETE THIS SECTION

- A. Number of Temporary Workers placed at any client listed on the attached schedule during the last twelve (12) months: _____
- B. Does the Applicant have a written agreement with all of the clients listed on the attached schedule? (if Yes, please attach a sample agreement; if No, please explain on a separate sheet how the terms of employment are agreed to.) Yes No
- C. Do the clients listed on the attached schedule provide hiring guidelines/parameters for the Applicant when the Applicant places a Temporary Worker? (If No, please provide details on a separate sheet describing how the Applicant selects individuals for placement from its pool of Temporary Workers.) Yes No
- D. Furnish details of all Wrongful Employment Practice Claims by a Temporary Worker (as those terms are defined in the Policy) against a client listed on the attached schedule within the last 5 year years. (Please include all demands and lawsuits, as well as all charges, Inquiries, investigations, grievance or other proceedings before the Equal Employment Opportunity Commission, or any other governmental Agency with responsibility for employment practices.)

Total number of Claims as described in VII.D, above, in the last 5 years _____
PLEASE PROVIDE A FULL DESCRIPTION OF EACH CLAIM ON A SEPARATE SHEET.

- E. Does any director, officer, partner, shareholder, principal, or employee with personnel responsibility have knowledge of any circumstances that could give rise to a Claim as described in Section VII.D., above, or in any other way suspect that such a Claim may be brought? Yes No

PLEASE PROVIDE A FULL DESCRIPTION OF EACH CIRCUMSTANCE ON A SEPARATE SHEET.

For example, but not by way of limitation, it would be reasonable for you to foresee that a Claim may be brought against a client if a Temporary Worker has expressed dissatisfaction with that client by:

- iv) *making a formal complaint to an officer, principal, or supervisory employee of unfair employment practices;*
- v) *otherwise complaining of discrimination, harassment, or unfair treatment; or*
- vi) *threatening to hire an attorney.*

The Applicant acknowledges that any Claims, or Claims later arising from circumstances reported, or that should have been reported, in this Section VII. will be excluded from coverage

VIII. Other Material Facts

- A. Please declare any other Material Facts on a separate sheet. None See attached
(If there are no other Material Facts, please check "None")

A Material Fact is one likely to influence assessment of this risk, the premium charged or the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material, you should disclose it. All the information requested in this proposal is material.

Please also ensure that any additional information is attached where applicable.

The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.

The Applicant on behalf of all proposed Insureds further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify Underwriters of such change. Signing of this application does not bind Underwriters to offer, nor the Applicant to accept, insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.

_____	_____	_____
Date	Signature of Applicant's Authorized Principal or Officer	Title
_____	_____	_____
Date	Signature of Applicant's Authorized Human Resources Representative	Title

(PLEASE NOTE THAT BOTH DATED SIGNATURES ARE REQUIRED)

Reduction In Force Supplement (J)

A. How many employees will be laid off? _____

B. What date(s) will the lay-off be effective? _____

C. Do you agree to consult with and follow the recommendations of a lawyer who specializes in labor and employment law as respects the implementation of such reduction, lay-off or closure?
 Yes No

D. Will severance packages be offered to all laid-off employees? Yes No

E. Will signed releases be gained from all laid-off employees? Yes No

F. Will exit interviews be completed with all laid-off employees? Yes No

G. Please provide available details on the above.