

Professional Liability: Employee Leasing & Staffing Related Services

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KEYSTROKESM
 UNDERWRITERS
 Division of Specialty Program Group, LLC

The Applicant is applying for CLAIMS-MADE Professional Liability POLICY which, if issued, applies only to CLAIMS FIRST MADE AND REPORTED DURING THE POLICY PERIOD. The LIMIT OF LIABILITY available to pay DAMAGES will reduce and may be exhausted by the payment of CLAIM EXPENSES.

Applicant means all disclosed corporations, organizations or other entities, including subsidiaries, proposed for this coverage. Please complete all questions with an answer, if question is not applicable then answer with N/A.

1. Applicant Information:

Name of Applicant: _____

2. Does the Applicant carry Workers Compensation coverage on Temporary employees? No Yes

3. Are referenced background checks required on all temporary employees? No Yes

4. Is any assignment of temporary work longer than six months? No Yes

5. Does applicant perform any of the following services when screening potential employees?

- a. Job Testing No Yes
- b. Background Checks No Yes
- c. Verify professional credentials No Yes
- d. Drug Testing (Via 3rd party) No Yes
- e. Other, please specify _____

6. Does Applicant provide any guarantee of placement in the course of outplacement counseling? No Yes

7. What percentage of the Applicant's revenue is derived from the following:

- a. Traditional Employment Agency _____ %
- b. Outplacement _____ %
- c. Career counseling _____ %
- d. Executive Search/Placement _____ %
- e. Professional Employer Organization _____ %

8. Please identify the types of placements Applicant provides:

Services	Percentage of Permanent Staffing	Percentage of Temporary Staffing	Annualized Revenues
Accountants/CPAs			
Actuaries			
Advertising/Broadcasting/Publishing			
Aerospace			
a. Do you require they maintain individual Professional Liability Insurance			
No Yes			

Architects/Engineering/Construction a. Do you require they maintain Professional Liability Insurance No Yes			
Attorneys a. Do you require they maintain Professional Liability Insurance No Yes			
Bookkeeping			
Clerical/Office			
Education			
Government Entity/Municipality			
Healthcare/Medical a. Do you require they maintain Malpractice/Professional Liability Insurance No Yes			
Law Enforcement/Security			
Licensed Professional, please specify services and if you require they maintain Professional Liability Insurance:			
Light Industrial			
Machine Operators			
Manufacturing			
Research/ Lab Technicians			
Retail Sales			
Technology/Telecom			
Transportation/Driving/Trucking			
Other, please specify			
TOTAL		100%	100%

FALSE INFORMATION

THIS SUPPLEMENT WILL BE ATTACHED TO AND BECOMES A PART OF THE MISCELLANEOUS PROFESSIONAL LIABILITY POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

Signature: _____

Title: _____

Date: _____

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by an authorized representative.

Signing of this form does not bind the applicant or the Underwriters to complete this insurance.