

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Company name:

Primary address (Address, State, ZIP, Country):

Website:

1.2 Date company was established (MM/DD/YYYY):

1.3 Please provide the proportion of your business activities performed in the following categories:

Temporary placement: %

Permanent placement: %

Consultancy services (please provide details): %

Employee leasing: %

Other: %

If 'other', please provide details:

1.4 Please state the number of employees (own staff):

1.5 Please provide the following financial information:

Last complete financial year: Estimate for current financial year:

Gross revenue:

Payments to placed W2 employees:

Payments to placed 1099 independent contractors:

Other territory revenue:

1.6 If temporary W2 and 1099 placements are made, are written client service agreements used? Yes No

If "yes"

a) do they contain a hold harmless clause in your favor? Yes No

b) is the direction and control of placed personnel always the responsibility of your client? Yes No

c) is Workers Compensation insurance in place covering all temporary placements? Yes No

Recruitment, employment & staffing Insurance application form



1.7 Please provide a breakdown of placed personnel in the following categories:

Executive/ Managerial/ Clerical	Heavy manual (construction or heavy industrial)
IT (Software & Hardware)	Oil & Gas (please advise if offshore, oil rigs or other)
Architects & Engineers	Drivers
Finance/ Accounting	Medical or Nursing
Light Manual (warehouse or light industrial)	Allied Healthcare
Janitorial/ Hospitality	Other

If 'Other' or 'Oil & Gas', please provide details:

¹"Heavy manual" occupations include, but are not limited to, height work in excess of 5 metres, groundwork in excess of 2 metres depth, use of heat, lifting weights in excess of 55 pounds, use of tools, machinery and vehicles designed for use principally off public roadways (i.e. pneumatic drills, diggers, bulldozers, cement mixers, agricultural equipment etc.), a requirement for the use of protective clothing.

1.8 Do you provide the appropriate background checks on all prospective personnel, prior to placement? Yes No

If "no", please explain:

1.9 Please list any staffing associations you belong to:

Section 2: Insurance Requirements

2.1 Please provide details of your current insurance policies or required insurance policies (unless you are already insured with CFC):

Type of insurance	Inception/ expiry date	Limit of liability	Deductible	Premium	Insurer	Retroactive date (if known)
Errors & Omissions						
Commercial general liability:						
Employee benefits liability:						
Cyber & privacy liability						

Section 3: Claims Experience

Regarding all of the types of insurance to which this proposal form relates, AFTER FULL INQUIRY:

- a) are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years, or
- b) are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c) have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d) have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or
- e) has there ever been an unforeseen outage to your website for more than 3 hours?

With reference to questions a, b, c, d and e above: Yes No

If the answer to the above is 'yes', then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers and, the dates of all developments and payments.

Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfcunderwriting.com/privacy

Contact name:

Position:

Signature:

Date (MM/DD/YYYY):

Additional Information