

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY
PELEUS INSURANCE COMPANY**

CONTRACT DIVISION - TEMPORARY EMPLOYMENT AGENCIES - SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable checkboxes below

General Agent:	Date:
Insured:	
Insured Mailing Address:	
Insured's Web Address:	
Insured Contact Name:	Phone Number:

PROHIBITED (check all that apply to your operations)

- Babysitters, Day care workers, Nannies
- Bartenders
- Career counseling services
- Construction Labor related work placements
- Contingency agencies (defined as firms that primarily locate applicants for companies)
- Drivers
- Employees leased to industrial related firms
- Executive search exposures
- Farm labor
- Heavy equipment operators
- Industrial related work placements
- Production equipment operators
- Professional placements (i.e. accounting, dental, engineering, medical, lawyer)

YEARS IN BUSINESS / EXPERIENCE

_____ Years in business as the 'Named Insured' indicated on this application

_____ Years' experience in the operations indicated on this application - Attach resumes if available

- Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
(Missouri Applicants - Do not answer this question)

- Applicant in receivership
- Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

LICENSING / CONTRACTS

- Applicant has all required licensing in place
- Copy of insured's standard client agreement is attached

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LOSS HISTORY

- Three years of loss history information on ACORD application or attached to this application

OPERATIONS / EXPOSURES / CONTROLS

- Applicant references are checked before placement
 Applicant background check is always made before placement

Provide a full description of the services offered:

- Workers Compensation coverage is verified prior to placement

Maximum Length of time an employee is leased: _____ months

SUBCONTRACTORS

- Uninsured subcontractors are not acceptable.
- Describe type of work performed by subcontractors:

- Risk Transfer – Subcontractors:
 - Additional Insured – Status granted to you on the subcontractor’s policy
 - Certificates of insurance - Always obtained from a subcontractor prior to any work being done for you.
 - Limits of Liability - Subcontractors are required to carry limits equal or above your own

EMPLOYEES

Total Number of Employees (include leased employees): _____

RECEIPTS

Annual Payroll	\$
Annual Receipts	\$

COVERAGE OPTIONS - LIABILITY (check if you would like a quote on any of the following)

- Employee Benefit Liability – U058
 High Limits General Liability
 Identity Recovery – i.e. Identity Theft – U651
 Medical Expense Limit of \$10,000 rather than \$5,000
 Stop Gap Liability – U066

Employment Practices Liability Insurance is NOT available for Temporary Employment Agencies

COVERAGE OPTIONS - PROPERTY (check if you would like a quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
 Equipment Breakdown – U522 & U523
Property Coverage Enhancement: Bronze – U777C Silver – U777B or Gold – U777A
 Signs (Outdoor) – CP1440
 Water Back Up and Sump Overflow – U548

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GENERAL FRAUD STATEMENT (Not applicable in all states.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- The answers are true, correct and complete to the best of his/her knowledge.*
- They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE