



COLONY INSURANCE COMPANY
Temporary Employment Agencies PDQ Application

1. Name of Applicant _____

Name of Business _____

2. Street Address _____

Street

City State Zip

3. Address of Location _____

to be insured Street

? same as above

City State Zip

4. Type of enterprise: ? Individual ? Corporation ? Partnership ? Joint Venture
? For Profit ? Non-Profit ? Other _____

5. **Full description of services rendered**. Coverage will only apply to disclosed premises and operations.
Attach all brochures and promotional materials and contracts: _____

6. Provide full names of individual and partners: _____

7. Date your company was established: _

8. Receipts for last 12 months: \$

Receipts for next 12 months: \$

9. Describe qualifications, experience, screening and training of employees:

10. Do you or are you:

a) Engaged in any other professional activities not listed above? ? Yes ? No

b) Have ownership in other entities not listed? ? Yes ? No

c) Is your firm engaged in construction, fabrication or production activities? ? Yes ? No

d) Do any of your employees hold professional licenses or certifications? ? Yes ? No

e) Utilize subcontractors? ? Yes ? No

If your answer is "yes" to any of the above, please attach a separate sheet giving full details and explanation.

Please furnish details of your five largest jobs in the last 5 years:

<u>Client</u>	<u>Details of Job</u>	<u>Gross Receipts</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

11. Does the applicant utilize a formal written Quality Assurance & Risk Management PDQ? ? Yes ? No
 If no, explain. _____ Is the overall responsibility for Risk Management assigned to one individual in your firm? ? Yes ? No
 If yes, explain. _____
 If no, how these functions are monitored? _____ Indicate the following number of staff and percentage of receipts from placement:

12. Description of *employees or contracted* personnel:

THIS SECTION MUST BE COMPLETED

TEMPORARY AGENCIES	Number of Employees	Number of Contractors	Gross Receipts	Total Payroll
Clerical				
Professional				
Trade				

EXECUTIVE SEARCH SERVICES	Last 12 months	Next 12 months
Number of Engagements		
Average Salary Level of Placement		
Trade		

13. Are employees/contractors references contacted before hired/placed? ? Yes ? No
 How are references checked? ? Written ? Verbal ? Both
 If verbal only, please explain. _____ Do you question prospective employees as to any criminal record? ? Yes ? No
 Do you verify certification and/or professional licensure status of employees and independent contractors? ? Yes ? No
 Are employees screened to rule out drug, alcohol and/or sexual abuse? ? Yes ? No

14. Your premium is adjustable based on your total payroll. Our auditor will verify your total payroll. Provide number of contact person. _____ () _____ -

15. Has applicant had previous insurance for this enterprise? ? Yes ? No

If yes, please complete the following:

Insurance Company _____ Policy

Period _____ to

Limits of Liability

Premium _____ Type of Coverage: ? Occurrence ? Claims Made

Current General Liability Carrier _____ .Limits

requested: ? 100/100 ? 300/300 ? 500/500 ? 1/1 ? 1 / 2 ? 1/3

16. During the past five (5) years, have any claims been presented to your current or prior insurance carrier or to you? ? Yes ? No

If yes, please provide full details (Include description of claim, amounts paid, and reserves).

17. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? ? Yes ? No

If yes, please provide full details. _____

18. Has applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy canceled, or non-renewed in the past five (5) years? ? Yes ? No

If yes, please provide full details. _____

Applicant's signature ****Must have signature to quote***

Title

Date