



Supplemental Application
for
Miscellaneous Professional Liability
Insurance Policy

THIS IS A CLAIMS MADE AND REPORTED INSURANCE POLICY. READ IT CAREFULLY.

STAFFING SUPPLEMENTAL APPLICATION

Name of Applicant's Firm: _____

Street Address: _____

City, State, Zip: _____

1. Advise percentage of:
Permanent placements: _____ %
Temporary placements: _____ %

2. Types of placements (check all that apply):

Perm - Temp

- ☐ Executives/Officers
☐ Doctors/Nurses
☐ Engineers/Architects
☐ Light Industrial
☐ Licensed Professionals

Other – please describe: _____

Perm - Temp

- ☐ Clerical/Office
☐ Machine Operators (skilled)
☐ Machine Operators (unskilled)
☐ Research/Lab Technicians
☐ Bookkeeping

Perm - Temp

- ☐ Construction
☐ Driving/Truckers
☐ Educational/Teaching
☐ CPAs

3. What percentage of the Applicant's income is derived from:

Candidate paid fees: _____ %

Employer paid fees: _____ %

4. Does the Applicant administer job tests to applicants? ☐ Yes ☐ No

If yes, please describe types of tests administered: _____

FOR TEMPORARY PLACEMENT SERVICES:

5. Advise approximate percentage of payroll to temps as a percentage of gross revenue: _____ %

6. To complete this application, please attach the following items:

- (a) sample contract/written agreement(s) between the Applicant and employer;
(b) time card, including all conditional wording (TEMPORARY PLACEMENTS ONLY);
(c) promotional material /brochures/advertisements used by the Applicant's firm.

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

Attention - Applicants in AR, CO, DC, KY, NJ, NM, NY, OH, OK, VA:

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, commits a fraudulent insurance act, which is a crime and may also be subject to a civil penalty.

In California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison

In Colorado: Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

In Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

Also provide: Agent Name: _____ Agent License #: _____

In Iowa and New Hampshire:

Provide: Producer Signature _____ Date: _____

In Maryland: Any person who, knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In Pennsylvania: 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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In Washington, Maine, Louisiana and Tennessee: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company (including false information in an application for insurance and claim for payment of loss or benefit). Penalties include imprisonment, fines and denial of insurance benefits.

This Application must be signed by the Applicant.

Signature Title Date

NOTE: This Application including any material submitted herewith shall be treated in strictest confidence.

Please submit this Application including appropriate documentation to:

Great American Insurance Group, Professional Liability Division