



EMPLOYMENT AGENCIES (TEMPORARY CLERICAL OR RETAIL) APPLICATION

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent No: _____
 Address: _____

 E-mail: _____
 Phone: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

Website Address: _____

E-mail Address: _____ **Phone Number:** _____

Limits Of Liability & Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Other Coverage, Restrictions, and/or Endorsements: _____	\$
Deductible	\$

1. Description of operations: _____

Number of years in business: _____

Years of experience in this field: _____

2. Does the applicant carry Workers' Compensation? Yes No
 If yes, is coverage provided for temporary employees? Yes No
3. Do any of the temporary employees hold professional licenses or certificates? Yes No
 If yes, describe: _____
4. Are reference and background checks required on all temporary employees? Yes No
5. Is any assignment of temporary employees longer than six months?..... Yes No
6. Does applicant lease employees to others?..... Yes No
7. Advise percentage of: Permanent Placement _____% Temporary Placement..... _____%
8. Estimated annual (excluding owner):
 Payroll: _____ Receipts: _____ Subcontracted Cost: _____
9. Provide payroll breakdown between:
 Clerical/Retail: _____ Non-Clerical/Retail: _____

10. Provide payroll breakdown and percentage of operations for each of the following:

	Payroll	%		Payroll	%
Accounting/Finance/Insurance			Farm Labor		
Administrative			Food Service/Restaurants		
Architects/Engineers			Hospitality		
Attorneys/Paralegals			IT/Software Development/Help Desk		
Banking			Janitorial Services		
Bartenders/Bouncers			Machine Operators (skilled)		
Biotech/Research/Science/Lab Technicians			Machine Operators (unskilled)		
Building Construction/Skilled Trade			Marketing		
Clerical/Office			Modeling/Talent/Booking Agencies		
Client Care			Mortgage/Real Estate Brokers		
Customer Support			Permanent Placement		
Daycare/Nannies/Babysitting			Retail		
Drivers/Truckers/Chauffeurs			Road Construction		
Educational/Teachers			Security/Protective Services		
Employee Leasing			Skilled Trade		
Engineering			Other—Describe:		

11. Schedule of Hazards:

Loc. No.	Classification Description	Class Code	Exposure	Premium Bases (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

12. Premises information:

Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
Building						
Contents						
Business Interruption						
Other						
Mortgagee or loss payee: _____						
Additional coverages, restrictions and endorsement information: _____				Other carriers participating on risk:		
_____				1. _____ %		
_____				2. _____ %		

13. Do all written contracts contain hold-harmless agreements in favor of the applicant?..... Yes No
 If no, explain when not required: _____

14. Account history for prior five years and projected current year:

Year	Payroll	Subcontracted Cost	Total Revenue
Current			
1st Prior			
2nd Prior			
3rd Prior			
4th Prior			
5th Prior			

15. Additional Insured Information:

Name	Address	Interest

16. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No
 If yes, describe: _____

17. During the past three years, has any company canceled, nonrenewed, declined or refused similar insurance to the applicant? (Not applicable in Missouri) Yes No

If yes, explain: _____

18. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

19. Prior Carrier Information:

	Year: _____	Year: _____	Year: _____	Year: _____	Year: _____
Carrier					
Policy No.					
Coverage					
Total Premium	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

20. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. Check if no losses in the last five years

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	

21. Attachments listed below must be included with the applicants' submission:

- a. Details of all losses in excess of ten thousand dollars (\$10,000).
- b. Workers' Compensation schedule showing class codes.

22. Does applicant have the following? (If yes, attach copy.)

- a. Independent contractor agreement? Yes No
- b. Client service agreement? Yes No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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. (Not applicable to Oregon.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for

the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

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

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.



CREATIVE UNDERWRITERS CORPORATION
140 EAST MAIN STREET, CARMEL, IN 46032
1-800-769-4321 • Fax (317) 571-5767
E-mail: P&C@CreativeUnderwriters.com

Commercial Package Application

Applicant's Name: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

PROPERTY SECTION

4. Premises information:

Loc. No.	Street, City, County, State, Zip Code						Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions	
	Building	\$				\$		
	Contents	\$				\$		
	Business Interruption	\$				\$		
	Other	\$				\$		
Bldg. No.	Mortgagee or loss payee:							
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:			
				1. _____ %				
				2. _____ %				

- **Construction type:** _____
- **Protection class:** _____
- **Number of stories:** _____
- **Total square foot area:** _____
- **Total number of units:** _____
- **Sprinklered?** Yes No
- **Operable smoke detectors?** Yes No
- **Year built:** _____

- **Building remodeling (include year):**
- Wiring? Yes No Year: _____
- Heating? Yes No Year: _____
- Plumbing? Yes No Year: _____
- Roof? Yes No Year: _____
- **Burglar alarm type:** Local Central Station
- **Fire alarm type:** Local Central Station

GENERAL LIABILITY SECTION

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations \$
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations \$
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other \$
Medical Expenses (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements	\$	Total
Deductible	\$	\$

Schedule of Hazards

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

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.

APPLICANT'S SIGNATURE: _____ Date _____

PRODUCER'S SIGNATURE: _____ Date _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents only.)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.