Recruitment employment & staffing

Insurance application form

US

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 a) How many directors / officers / partners are there in the company?

b) Please show the details of all partners and directors:

Name	Years in position	Years experience	Qualifications

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

d) Please state the number of staff supplied at any one time in the following categories:

	Last complete financial year:	Estimate for current financial year:
W2 employment status:		
1099 status:		

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 independant contractors:		

Date of financial year end: Currency:

If any of your revenue is derived from overseas activity, please state the amount below:

	Last complete financial year:	Estimate for currency financial year:	Estimate for next financial year:
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

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

Executive / managerial:	%
Clerical (white collar activities):	%
IT: consultancy/data entry:	%
IT: hardware installation/maintenance:	%
Architects and engineers:	%
Medical or nursing:	%
Finance / accountancy:	%
Light manual (warehouse or light industrial):	%
Heavy manual (construction or heavy industrial)[1]:	%
Drivers:	%
Offshore (oil rigs and platforms):	%
Other:	%

If 'other', please provide details:

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[1]"Heavy manual" occupations include, but are not limited to, height work in excess of 5 metres, groundworks 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.

If 'Medical or nursing' is populated, please:

a) state the types of healthcare facilities placed personnel are placed:

b) state the types of healthcare professionals you place:

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

If 'no', please explain:

1.9 Do you belong to any association related to these activities? ☐ Yes ☐ No

If 'yes', please list these associations below:

1.10 Do you perform any staffing services in California? ☐ Yes ☐ No

1.11 Are you registered with the California Labor Commissioner's Office? ☐ Yes ☐ No

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Section 2: Property & Business Interruption Insurance

Only complete this section if you require this cover.

2.1 Please state the address of the premises to be insured (if different from the address given earlier):

Premises 1

Address:

Postal code:

Premises 2

Address:

Postal code:

Please continue on a separate sheet if more than 2 premises are to be insured.

2.2 Please detail below any other party (such as a bank) whose financial interest in the premises should be noted on the policy:

Name of party:

Interest of party:

Address:

Postal code:

2.3 Are all of the premises:

a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? ☐ Yes ☐ No

b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? ☐ Yes ☐ No

c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? ☐ Yes ☐ No

d) In a good state of repair? ☐ Yes ☐ No

e) Self contained with a lockable entrance door? ☐ Yes ☐ No

f) Protected by an intruder alarm that is subject to an annual maintenance contract? ☐ Yes ☐ No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

g) Heated by a conventional electric, gas, oil or solid fuel heating system? ☐ Yes ☐ No

h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? ☐ Yes ☐ No

i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? ☐ Yes ☐ No

j) Fitted with sprinklers, either fully or partially? ☐ Yes ☐ No

NOTE: Assuming you have answered 'yes' to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

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If you have answered 'no' to any of the above questions, then please give further details:

2.4 Please detail the amounts to be insured below for each premises (complete only if you require property cover).

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

Item	Amount insured Premises 1	Amount insured Premises 2
Main Building:		
Landlord's fixtures & fittings and tenant improvements:		
All contents wherever located:		

Please list any alternative locations in question 3.1

2.5 If you have portable electronic equipment (such as laptops, cameras, video equipment) that is either permanently or temporarily away from your premises please state the total value of these items:

Please also state the approximate percentage of the time that these items are away from your premises:

2.6 If you have contents other than portable electronic equipment which are either permanently or temporarily away from your premises please state the total value of these contents:

Please also state the approximate percentage of the time that these contents are away from your premises:

2.7 Would you like a quotation for either of the following extensions:

Earthquake: ☐ Yes ☐ No Flood: ☐ Yes ☐ No

2.8 Please detail the amounts to be insured below for business interruption cover (complete only if you require this cover).

Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our business interruption cover on a 'Flexible First Loss' basis – please specify a total amount insured for business interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, costs and expenses or accounts receivable. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

Item	Amount insured	Indemnity period
Business interruption cover ('Flexible First Loss'):		

Section 3: Insurance Requirements

3.1 a) Please provide details of your current 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)
Employee benefits liability:						
Commercial general liability:						
Errors & Omissions						
*Placed personnel dishonesty:						
Cyber & privacy liability:						

*Placed personnel dishonesty only available when Errors & Omissions is being purchased.

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b) If you have requested placed personnel dishonesty and are supplying drivers or warehousemen, please provide the following details:

Client name	Type of goods handled	Indemnity required	Contract value

Section 4: 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.cfc.com***

Contact name: Position:

Signature: Date: (MM/DD/YYYY)

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Additional Information:

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ALABAMA FRAUD WARNING: 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.

ARKANSAS FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment for 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.

CALIFORNIA FRAUD WARNING: 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.

COLORADO FRAUD WARNING: 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 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.

DISTRICT OF COLUMBIA FRAUD WARNING: 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.

FLORIDA FRAUD WARNING: 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.

KANSAS FRAUD WARNING: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

LOUISIANA FRAUD WARNING: 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.

MAINE FRAUD WARNING: 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 denial of insurance benefits.

MARYLAND FRAUD WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment for 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.

NEVADA FRAUD WARNING: Any person who includes any materially false or materially misleading information on an application for an insurance policy may be guilty of a crime and subject to penalties that include imprisonment, fines and denial of insurance benefits.

NEW JERSEY FRAUD WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD WARNING: 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 civil fines and criminal penalties.

NEW YORK 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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO FRAUD WARNING: Any person who, with the 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.

OKLAHOMA FRAUD WARNING: 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.

OREGON FRAUD WARNING: Any person who, with an intent to knowingly defraud or knowingly facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement or a material fact, may be guilty of insurance fraud.

PENNSYLVANIA 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.

PUERTO RICO FRAUD WARNING: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than $5,000 and not more than $10,000, or a fixed term of imprisonment for 3 years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of 5 years, if extenuating circumstances are present, it may be reduced to a minimum of 2 years.

RHODE ISLAND FRAUD WARNING: 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.

TENNESSEE FRAUD WARNING: 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.

VERMONT FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA FRAUD WARNING: 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.

WASHINGTON FRAUD WARNING: 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.

WEST VIRGINIA FRAUD WARNING: 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.