



COLONIAL GENERAL INSURANCE AGENCY, INC.

P.O. Box 14770, Scottsdale, AZ 85267-4770
8475 E. Hartford Dr., Scottsdale, AZ 85255
(480) 991-7889 WATS (800) 848-8860
Fax (480) 948-1394 Toll Free (866) 240-8807

P.O. Box 571770, Murray, UT 84157-1770
5373 S. Green St., Suite 525, Murray, UT 84123
(801) 290-1144 WATS (800) 594-8900
Fax (801) 290-1160 Toll Free (800) 332-9285

Employment Agencies (Temporary Clerical or Retail) Application

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

 Web site Address: _____

Agency Name: _____
 Agent: _____
 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."

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

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. Additional Insured Information:

Name	Address	Interest

12. Do all written contracts include a hold harmless clause in your favor? Yes No
 If no, explain when not required: _____

13. During the past three years, has any company canceled, declined or refused similar insurance to the applicant (Not applicable in Missouri)? Yes No
 If yes, explain: _____

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

If yes, please explain and advise where insured: _____

15. 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			

16. Schedule of Hazards:

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

17. 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. _____ %		

18. Prior Carrier Information:

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy Number					
Coverage					
Total Premium					

19. Loss History—Five Year Period:

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 this box <input type="checkbox"/> if no losses last five years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

20. Attachments listed below must be included with your submission:

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

21. Do you 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 in Nebraska, Oregon and Vermont.**

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 in 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 OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

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 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 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.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

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 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.

NOTICE OF NEW YORK APPLICANTS (Other than automobile): 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.

APPLICANT'S NAME AND TITLE: _____

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

PRODUCER'S SIGNATURE: _____ DATE: _____

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.

Agent Email: _____ Preferred Method of Correspondence Email Fax Mail

Applicant Email: _____ Preferred Method of Correspondence Email Fax Mail