



**Dallas**  
 P: (972) 789-1962  
 F: (972) 789-1967

**Houston**  
 P: (281) 759-4855  
 F: (281) 759-7245

**hullandco-texas.com**

Agent Name:

Contact:

Agent Address:

Phone #

## Employee Leasing/Temporary Employment Agency Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Years in Business? \_\_\_\_\_ Years of Experience in this field? \_\_\_\_\_

2. Provide a complete description of the types of positions available.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Clerical Payroll \$ \_\_\_\_\_ Non professional payroll \$ \_\_\_\_\_

4. Gross Sales for last 12 months \$ \_\_\_\_\_ Gross Sales expected for next 12 months \$ \_\_\_\_\_

5. Describe qualifications, experience, screening and training of employees \_\_\_\_\_  
 \_\_\_\_\_

6. Does applicant have ownership in other entities?.....  Yes  No

7. Do any employees hold professional licenses or certificates?.....  Yes  No

If yes, describe. \_\_\_\_\_

8. Are subcontractors used? .....  Yes  No

9. Are employees screened and background checks performed? .....  Yes  No

If yes to any of the above, provide details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Does the contract used by the applicant state the following?

!" Employees are covered by Workers Compensation .....  Yes  No

!" Employers Liability is required .....  Yes  No

!" Each party holds the other harmless against all losses .....  Yes  No

!" Client provides supervision and has workers compensation coverage in place .....  Yes  No

**Attach** a copy of the contract

**Note:** All responses must be yes to offer coverage.

**CONTRACTUAL LIABILITY**

DESCRIBE ALL HOLD HARMLESS AGREEMENTS (DATES, CONTRACTING PARTY, COST) & ATTACH COPIES

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**LIST FIVE (5) OF YOUR LARGEST JOBS IN THE LAST FIVE (5) YEARS:**

CLIENT	DESCRIPTION OF JOB	GROSS SALES
		\$
		\$
		\$
		\$
		\$

**LIMITS ñ GENERAL LIABILITY (PER OCCURRENCE)**

- 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 PREMISES) \$ \_\_\_\_\_
- MEDICAL EXPENSE (ANY ONE PERSON) \$ \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain.

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This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

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Producer's Signature

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Date

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Applicant's Signature

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Date

**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.

**FRAUD STATEMENT**

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.