Complete with CWCO-SUP-CORE and ACORD 125/126. Attach 5 years of currently-valued loss runs, a copy of the client services agreement, and ACORD applications for any owned property, owned auto, or umbrella coverage. New ventures must attach a business plan and principal's resume.

APPLICANT NAME	DATE ESTABLISHED	EFFECTIVE DATE REQUESTED	WEBSITE

MAILING ADDRESS	CITY / STATE / ZIP	PHONE / EMAIL

RISK MANAGEMENT CONTACT	RISK MANAGEMENT PHONE	RISK MANAGEMENT EMAIL

Services provided (check all that apply):

☐ Temporary staffing ☐ Direct hire ☐ EOR / payrolling ☐ PEO ☐ ASO ☐ VMS / MSP

HDR1 Is the applicant involved in any business other than staffing? ☐ Yes ☐ No

IF YES, EXPLAIN

A STAFFING MODEL & BUSINESS MIX

Employee includes both permanent corporate staff and staffed/temporary placed employees throughout this supplemental.

CATEGORY	PROJECTED — NEXT 12 MONTHS ($ / #)	PRIOR YEAR ACTUAL ($ / #)	APPLICABLE? (Y/N)

Categories: corporate employee payroll (in-house) / # corporate employees; contract-temporary employee payroll / # contract-temporary employees; worksite employee payroll (PEO/ASO) / # worksite employees; independent contractor payroll / # independent contractors; VMS client payroll; direct hire revenue (%) / # direct hire placements; total gross receipts.

A1 Does the applicant conduct any business using an Employer of Record (EOR) model? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes, attach a copy of the current in-force contract.

B PLACEMENT MIX BY OCCUPATION

Provide a percentage breakdown based on payroll of the staffing services offered to clients. Should total 100%.

PLACEMENT CATEGORY	% OF PAYROLL

Categories: administrative/clerical (incl. data entry); architects/engineers without signoff authority; attorneys; computer/IT services; drivers/transportation; financial/accounting professionals; light industrial/warehouse/factory; heavy industrial; construction/skilled labor; hospitality; security services (unarmed only — armed excluded); daycare/nanny services; educational facility placement; healthcare (excluding doctors and dentists).

Categorize as clerical, not IT or Financial/Accounting Professionals: accounting clerks, bookkeepers, billing clerks, medical billers/coders, filing, receptionists, data entry services.

HEALTHCARE PLACEMENT TYPE	ANNUAL PAYROLL ($)

Types: respiratory therapist; school nurses; substance abuse/drug rehabilitation facilities; correctional facilities; labor and delivery; midwives and doulas; mental health institutions; transportation of patients; neonatal intensive care unit; travel nurses; pediatric intensive care unit; physical/rehabilitation therapist.

AVERAGE ASSIGNMENT LENGTH AT A FACILITY

ANY 24-HOUR EXPOSURE (E.G., LODGING)?

C HIGHER-HAZARD PLACEMENTS & EQUIPMENT OPERATION

Does the applicant place employees in positions requiring operation of:

☐ Cranes, bulldozers ☐ Trucks ☐ Scaffolding erection and assembly ☐ Aircraft or watercraft ☐ Forklifts ☐ None of these

IF YES TO ANY ABOVE — WHO IS RESPONSIBLE FOR TRAINING?

WHO IS RESPONSIBLE FOR JOBSITE SUPERVISION?

C1 Does the applicant place employees with an oil and gas, utilities, or energy company client? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes, provide a copy of the current in-force contract.

Does the applicant place employees with a client in any of the following:

☐ Cannabis industry ☐ Lifeguards ☐ Shipyards, rigs, or vessels ☐ Video game developers

C2 Does the applicant specialize in clinical trial placements — recruiting participants or setting up trials? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes, provide a copy of the current in-force contract and state the associated payroll in the explanation field.

C3 Does the applicant transport temporary employees to job sites? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes — transport is performed using:

☐ Applicant's owned vehicles ☐ Client's vehicles ☐ Third-party transportation vendor

If applicant-owned vehicles are used, attach CWCO-SUP-AUTO with names, dates of birth, and driver's license numbers for all drivers. If a third-party vendor is used, attach a copy of the written agreement.

D CLIENT CONTRACTS & RISK TRANSFER

D1 Does the applicant have a hold-harmless agreement in its favor with client companies regarding liability for the client's own employment actions? ☐ Yes ☐ No

IF YES, EXPLAIN

D2 Does the applicant, or will it, take over a client's department and place the client's existing employees — or another staffing firm's employees — on the applicant's payroll? ☐ Yes ☐ No

IF YES, EXPLAIN

D3 If yes to D2 — are background checks performed on employees who were formerly the client's employees? ☐ Yes ☐ No

D4 If yes to D2 — are background checks performed on employees who were formerly another staffing firm's employees? ☐ Yes ☐ No

D5 Do client contracts require the applicant's coverage to be primary and non-contributory? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes, attach a copy of the contract language.

D6 Is the applicant involved in any franchise operations, as franchisor or franchisee? ☐ Yes ☐ No

IF YES, EXPLAIN

E HR PRACTICES, SCREENING & EMPLOYMENT POLICIES

Standard general liability and auto policies do not automatically treat placed workers as insureds — these controls are what an underwriter relies on in their place.

E1 Does the applicant use a standard employment application for all job applicants? ☐ Yes ☐ No

E2 Does the applicant maintain an employee handbook, and is receipt of the handbook documented by the employee? ☐ Yes ☐ No

IF YES, EXPLAIN

E3 Does the employment application include an at-will employment provision? ☐ Yes ☐ No

E4 Does the applicant maintain a written policy on sexual harassment and a written policy on discrimination? ☐ Yes ☐ No

IF YES, EXPLAIN

E5 Does the applicant use technology to collect or store biometric information of employees or customers? ☐ Yes ☐ No

IF YES, EXPLAIN

Biometric information claims are typically excluded from Employment Practices Liability coverage.

E6 Does the applicant have an in-house human resources department? ☐ Yes ☐ No

IF YES, EXPLAIN

E7 Does the applicant conduct a prior-employment check on all new hires? ☐ Yes ☐ No

E8 Does the applicant conduct criminal background checks? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes — check type performed:

☐ National check ☐ State check ☐ Local check

F DRIVING & TRANSPORTATION PLACEMENTS

Full vehicle and driver detail for any applicant-owned fleet is captured on CWCO-SUP-AUTO.

F1 Does the applicant obtain motor vehicle records (MVRs) on all employees who drive for clients, at time of hire? ☐ Yes ☐ No

F2 Does the applicant perform annual MVR checks thereafter? ☐ Yes ☐ No

F3 Does the applicant provide driver training or evaluation for placed drivers? ☐ Yes ☐ No

IF YES, EXPLAIN

F4 Does the applicant place any long-haul drivers? ☐ Yes ☐ No

IF YES, EXPLAIN

F5 Does the applicant place drivers who haul hazardous materials? ☐ Yes ☐ No

IF YES, EXPLAIN

F6 Do client contracts require placed drivers to be added to the client's own auto policy? ☐ Yes ☐ No

IF YES, EXPLAIN

G ABUSE & MOLESTATION SCREENING

Full underwriting is captured on CWCO-SUP-ABUSE. These questions confirm baseline exposure and controls.

G1 Does the applicant provide childcare on its own premises? ☐ Yes ☐ No

IF YES, EXPLAIN

Does the applicant place employees at:

☐ Day care centers ☐ Educational facilities / schools ☐ Facilities with infirm elderly residents

G2 If placing at any of the above — does the applicant have written procedures in force for addressing sexual abuse allegations? ☐ Yes ☐ No

IF YES, EXPLAIN

G3 If placing at any of the above — does the applicant have a supervision plan that monitors placed staff in day-to-day interactions, both on and off premises? ☐ Yes ☐ No

IF YES, EXPLAIN

H CRIME & FIDELITY EXPOSURE

Placed workers routinely gain access to a client's cash, banking systems, or sensitive data — this is a distinct exposure from the applicant's own internal controls.

H1 Are the applicant's financial statements prepared by an independent CPA on an annual basis? ☐ Yes ☐ No

H2 Are the owners involved in the daily operations of the company? ☐ Yes ☐ No

H3 Are two signatures required on checks over a specified amount? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes, state the dollar threshold in the explanation field. If no, identify who has check-signing authority and their titles.

Do employees who reconcile bank statements also:

☐ Sign checks ☐ Make withdrawals ☐ Make deposits ☐ Have access to bank checks ☐ Have access to check-printing computer systems

☐ Have access to signature plates or check-signing machines

H4 Will any contract or temporary placements have access to client money, securities, banking systems, wire transfer systems, or sensitive computer data? ☐ Yes ☐ No

IF YES, EXPLAIN

H5 Will any contract or temporary placements transport money, securities, or other valuable property outside the client's premises? ☐ Yes ☐ No

IF YES, EXPLAIN

H6 Will contract or temporary placements be supervised or monitored by the applicant's clients while performing services? ☐ Yes ☐ No

I COVERAGE REQUESTED

GENERAL LIABILITY LIMIT REQUESTED ($)	DAMAGE TO PREMISES RENTED LIMIT ($)	MEDICAL EXPENSE LIMIT ($)	GL DEDUCTIBLE ($)

PROFESSIONAL LIABILITY (E&O) LIMIT REQUESTED ($)	E&O DEDUCTIBLE ($)	E&O RETROACTIVE DATE	E&O IN FORCE CONTINUOUSLY SINCE

EMPLOYMENT PRACTICES LIABILITY LIMIT REQUESTED ($)	EPLI DEDUCTIBLE ($)	EPLI RETROACTIVE DATE

EPLI is not available on a monoline basis.

EMPLOYEE BENEFITS LIABILITY (EBL) LIMIT ($)	EBL DEDUCTIBLE ($)	EBL RETROACTIVE DATE

I1 Is Stop-Gap coverage requested for monopolistic workers' compensation states? ☐ Yes ☐ No

IF YES, EXPLAIN

PAYROLL — NORTH DAKOTA ($)	PAYROLL — OHIO ($)	PAYROLL — WASHINGTON ($)	PAYROLL — WYOMING ($)

I2 Is hired and non-owned auto liability requested? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes, attach CWCO-SUP-HNOA or CWCO-SUP-AUTO as applicable.

I3 Is Abuse & Molestation coverage requested? ☐ Yes ☐ No

IF YES, EXPLAIN

CRIME INSURING AGREEMENT	LIMIT REQUESTED ($)	DEDUCTIBLE ($)

Insuring agreements: employee theft and client coverage; ERISA fidelity; forgery or alteration; theft/disappearance/destruction — inside the premises; theft/disappearance/destruction — outside the premises; money orders and counterfeit paper currency; computer and funds transfer fraud; third-party 'off premises' coverage.

J CYBER EXPOSURE SCREENING

Full underwriting is captured on CWCO-SUP-CYBER. These questions confirm baseline data exposure.

J1 Does the applicant collect, store, or otherwise handle personally identifiable information (PII) belonging to clients or third parties other than its own employees? ☐ Yes ☐ No

IF YES, EXPLAIN

Types of PII held (check all that apply):

☐ Social Security numbers, financial account details, or state ID numbers ☐ Non-public medical or healthcare data (PHI) ☐ Credit or debit card information

J2 In the last 3 years, has anyone alleged the applicant was responsible for damage to their computer systems, or made a claim alleging invasion of privacy or inappropriate PII disclosure? ☐ Yes ☐ No

IF YES, EXPLAIN

If PII is handled or cyber coverage is desired, attach CWCO-SUP-CYBER for full underwriting.

K PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years across all coverage lines.

K1 With respect to any coverage addressed in this supplemental, has any carrier refused, cancelled, or non-renewed coverage? (not applicable in Missouri) ☐ Yes ☐ No

IF YES, EXPLAIN

K2 Has any carrier indicated an intent not to offer renewal terms? (not applicable in Missouri) ☐ Yes ☐ No

IF YES, EXPLAIN

K3 Has the applicant given notice under any prior policy of a claim, or of facts or circumstances that might give rise to a claim, against any person or entity applying for this insurance? ☐ Yes ☐ No

IF YES, EXPLAIN

K4 Is any person applying for Employment Practices Liability or Professional Liability coverage aware of any facts or circumstances that may give rise to a claim under those coverages? ☐ Yes ☐ No

IF YES, EXPLAIN

POLICY TERM	CARRIER	LINE OF COVERAGE	ANNUAL PREMIUM	# CLAIMS	TOTAL INCURRED

NARRATIVE FOR EACH LOSS OVER $25,000 — CAUSE, CORRECTIVE ACTION TAKEN, AND CURRENT STATUS

L ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — INDUSTRY CERTIFICATIONS, KEY CLIENT CONCENTRATION, OR PLANNED CHANGES

M REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This application must be signed by a principal, partner, or officer of the applicant.

FRAUD NOTICE: 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 and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME) | **TITLE** | **DATE**

PRODUCER — CORY WASHINGTON & CO. LLC | **PRODUCER SIGNATURE (TYPE FULL NAME)** | **DATE**