



AXIS MPL EMPLOYMENT AGENCY AND EXECUTIVE SEARCH SUPPLEMENT

AXIS INSURANCE

111 S. Wacker Dr., Ste. 3500

Chicago, IL 60606

Tel: (678) 746-9000 Toll-Free: (866) 259-5435 | Fax: (678) 746-9315

www.axiscapital.com/insurance/professional-liability

SOLELY AS RESPECTS CLAIMS-MADE LIABILITY COVERAGES UNDER THE POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED: THIS INSURANCE POLICY PROVIDES COVERAGE ON A CLAIMS-MADE AND REPORTED BASIS AND APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD AND REPORTED TO THE INSURER AS SET FORTH IN THE REPORTING OF CLAIMS AND EVENTS SECTION. DEFENSE COSTS ARE INCLUDED IN THE LIMITS OF INSURANCE, AND PAYMENT THEREOF WILL ERODE, AND MAY EXHAUST, THE LIMITS OF INSURANCE.

ABOUT THIS APPLICATION

- The term "Applicant," herein refers individually and collectively to all proposed insureds. All responses shall be deemed made on behalf of all proposed insureds.
- This Application and all materials submitted herewith shall be held in confidence.
- The submission of this Application does not obligate the Applicant to buy insurance nor is the Insurer obligated to sell insurance or to offer insurance upon any specific terms requested.
- If the policy applied for is issued, this Application, which shall include all Supplemental Applications and material and information submitted in connection with this Application, will be deemed attached to and will form a part of the policy.

INSTRUCTIONS

- Respond to all questions completely, leaving no blanks. Check responses when requested.
- If space is insufficient, continue responses on your letterhead.
- This Application must be completed, dated, and signed by an authorized officer of the entity identified in the section entitled "Applicant Information" below.

APPLICANT INFORMATION

1. Name of the Applicant's firm: _____
2. Advise percentage of:
Permanent placements: _____%
Temporary placements: _____%



AXIS MPL EMPLOYMENT AGENCY AND EXECUTIVE SEARCH SUPPLEMENT

3. Does the Applicant's services include the following types of placements? Check all that apply, and if yes, indicate the percentage of the Applicant's total placements involving the following type.

Doctors/Nurses/Home Health Aides	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>	Executives/Officers/Managerial	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>
Security Guards	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>	Clerical/Administrative/Office	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>
Driving/Truckers	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>	Light Industrial/Warehouse	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>
Engineers/Architects	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>	Heavy Industrial/Warehouse	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>
Educational/Teaching	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>	Janitorial	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>
Daycare Providers	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>	Hospitality/Food Services	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>
Heavy Equipment Operators	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>	Customer Service/Call Center	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>
Other Licensed Professionals – please describe:	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>	Other – please describe:	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>

Construction	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>	Machine Operators (skilled)	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>
CPAs	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>	Machine Operators (unskilled)	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>
IT Professionals	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>	Research/Lab Technicians	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>
			Bookkeeping	Yes <input type="checkbox"/> - _____%	No <input type="checkbox"/>

4. Is the Applicant a Professional Employer Organization (PEO)? ☐ Yes ☐ No
5. Does the Applicant conduct background checks as a service for the Applicant's clients? ☐ Yes ☐ No
If yes, please advise:
- a. Does the Applicant have procedures for background checks/screening on prospective employees that include a personal interview by a member of the Applicant's staff? ☐ Yes ☐ No
- b. If yes, do the background checks include criminal acts, including any sexual related crimes, or child abuse?
☐ Yes ☐ No
6. With respect to the Applicant's employment applications:
- a. Do the applications require that the prospective employee must provide at least one reference? ☐ Yes ☐ No
- b. If yes, are the references checked and documentation maintained? ☐ Yes ☐ No
- c. Are signed and dated applications required of all prospective employees? ☐ Yes ☐ No
7. Does the Applicant have a written employee manual/employee handbook? ☐ Yes ☐ No
If yes, please advise:
- a. Does the Applicant distribute and record receipt of the manual/handbook to all employees? ☐ Yes ☐ No
- b. How often is the manual/handbook updated? _____
- c. Does the manual/handbook include written procedures addressing the following? Check all that apply:

ADA Accommodation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employee Complaints	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employment at Will	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Equal Opportunity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hiring and Firing of Employees	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Prohibition of Discrimination	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Prohibition of Sexual Harassment	Yes <input type="checkbox"/>	No <input type="checkbox"/>

8. Is documentation maintained on awareness training of staff regarding employee complaints, sexual harassment and/or abuse and molestation policies? ☐ Yes ☐ No
If yes, how frequently is awareness training conducted? _____

FOR TEMPORARY PLACEMENT SERVICES:

9. Advise approximate percentage of payroll to temps as a percentage of gross revenue: _____%
10. To complete this application, please attach the following items:
- a. sample contract/written agreement(s) between the Applicant and employer;



AXIS MPL EMPLOYMENT AGENCY AND EXECUTIVE SEARCH SUPPLEMENT

- b. time card, including all conditional wording (TEMPORARY PLACEMENTS ONLY);
- c. promotional material /brochures/advertisements used by the Applicant's firm.

REPRESENTATIONS AND SIGNATURE

By signing this document, the undersigned authorized representative of the Applicant represents on behalf of all persons and entities proposed for coverage, after inquiry, that to the best of their knowledge:

1. The statements and answers given in and all materials submitted with this Application are true, accurate and complete.
2. No facts or information material to the risk proposed for insurance have been misstated or concealed.
3. These representations are a material inducement to the Insurer to provide a proposal for insurance.
4. Any policy the Insurer issues will be issued in reliance upon these representations.
5. The Applicant will report to the Insurer immediately in writing any material change in the Applicant's activities, products and services.
6. The Applicant will report to the Insurer immediately in writing any material changes to the answers provided in this Application which occur or are discovered between the date of this Application and the effective date of the policy for which coverage is sought by submission this Application.
7. The Insurer reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Insurer has offered.



AXIS MPL EMPLOYMENT AGENCY AND EXECUTIVE SEARCH SUPPLEMENT

WARNING

PLEASE REVIEW THE STATE FRAUD STATEMENT CONTAINED AT THE END OF THIS APPLICATION APPLICABLE TO THE STATE IN WHICH THE APPLICANT RESIDES.

Any person who, with intent to defraud or knowingly facilitates a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

This Application must be signed by the Applicant's Chief Executive Officer, Chief Financial Officer, Chief Operations Officer or General Counsel, or their functional equivalent, unless the Insurer instructs the Applicant otherwise.

Name _____ Name (signature) _____

Title _____

Date _____

TO BE COMPLETED BY PRODUCERS ONLY:

RETAIL PRODUCER		WHOLESALE PRODUCER	
Producer Name:		Producer Name:	
City, State:		City, State:	
Telephone No.:		Telephone No.:	
License No.:		License No.:	

Producer signature: _____



AXIS MPL EMPLOYMENT AGENCY AND EXECUTIVE SEARCH SUPPLEMENT

STATE FRAUD STATEMENT

ALABAMA

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

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.

CALIFORNIA

For your protection, California law requires the following warning 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

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

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

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

A "fraudulent insurance act" means an act committed by 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.

KENTUCKY

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.



AXIS MPL EMPLOYMENT AGENCY AND EXECUTIVE SEARCH SUPPLEMENT

LOUISIANA

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

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.

MARYLAND

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.

NEW JERSEY

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

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

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

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.

OKLAHOMA

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

OREGON

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

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and



AXIS MPL EMPLOYMENT AGENCY AND EXECUTIVE SEARCH SUPPLEMENT

C. The information was either:

1. Material to the risk assumed by us; or
2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

PENNSYLVANIA

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

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 with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

RHODE ISLAND

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

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

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

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



AXIS MPL EMPLOYMENT AGENCY AND EXECUTIVE SEARCH SUPPLEMENT

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

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.