

1. Applicant & Coverage Information

Legal Name of Insured

DBA

Mailing Address

City/State/Zip

Primary Contact Name

Phone

Email

Effective Date

Requested Excess Limit

Attachment Point

Target Premium

Underlying Policy Name

2. Submission Details

☐ Attach Underlying Policy Copy

☐ Completed Supplemental App Attached

Loss Runs (5 yrs or narrative)

% Staffing by State

Gross Annual Revenue

Temp Payroll

Internal Payroll

Driving Exposure (Y/N)

Exclude SAM? (Y/N)

Specialty Roles Placed

Roles Detail

3. % Distribution of Temp Staffing Payroll (Must total 100%)

Doctors/Dentists

IT Professionals

Aerospace

Correctional Facilities

Programmers

Drivers

Licensed Caregivers

Cyber Security

Roofing

Unlicensed Caregivers

Nuclear

Biotechnology

Defense

Clinical Trials

Mining/Logging

Life Sciences

Oil & Gas

Scientists

Armed Security

Unarmed Security

Daycare/Nanny

Teachers Aides

Total must equal 100% – Please confirm: