

TENNESSEE UNDERWRITERS INC.
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EMPLOYEE LEASING/TEMPORARY EMPLOYMENT APPLICATION

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. _____

UNDERWRITING INFORMATION (Continued)

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

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

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

LIMITS – 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.
