



COLONY INSURANCE COMPANY
Temporary Employment Agencies PDQ Supplemental

Name of Applicant/Business _____

Is the applicant licensed? Yes No How many years in business? _____

Full description of services rendered.

Attach all brochures and promotional materials and contracts: _____

Does your operation place any of the following? If so coverage is prohibited?

- Professional Employees (e.g. accounting, medical, engineering, dental, lawyer) and Executive Search agencies Yes No
- Employees leased to industrial related firms Yes No
- Any industrial, construction or labor work Yes No
- Farm labor Yes No
- Daycare's, Nannies, Babysitting Yes No
- Bartenders Yes No
- Drivers or equipment operators Yes No
- Contingency agencies (firms that primarily locate applicants for companies) Yes No
- Career counseling services Yes No

Annual Payroll \$ _____ Receipts? \$ _____ Square footage# _____

Are reference and background checks made on all applicants before placement? Yes No

Describe any claims in the past 3 years: _____

Has applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy canceled, or non-renewed in the past three (3) years? Yes No

If yes, please provide full details. _____

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____

Date: _____