



**CRIME PROTECTION PLUS
Temporary Staffing Agency Supplement**

This is a supplement to the Philadelphia Insurance Companies Crime Protection Plus Application

Name of Applicant: _____

1. Total number of temporary employees placed: Last Year: _____ Prior Year: _____

2. Provide a breakdown of the types of staffing services offered to your clients:

Executive:	_____	%
Medical:	_____	%
Computer / IT Services:	_____	%
Financial / Accounting:	_____	%
Managerial:	_____	%
Clerical:	_____	%
Warehousing / Transportation:	_____	%
Janitorial Services:	_____	%
Security Services:	_____	%
Other:	_____	%

Describe- _____

Total _____ **100%**

3. Do any of your temporary personnel transport money, securities, or other valuable property outside of your client's premises? Yes No **If yes, please describe the type of property and value:** _____

4. Describe the background check(s) you perform on all prospective temporary employees: _____

5. Have you had any losses within the past 3 years, whether reported or not, that have occurred as a result of the acts of your temporary placed employee? Yes No **If yes, provide a full description of any occurrence(s) and whether there were any paid losses.** _____

To enter more information, please use the separate page attached to the application

I understand information submitted herein becomes a part of my Philadelphia Insurance Companies Accountants Professional Liability Application and is subject to the same conditions as stated on the application.

Name (Please Print)

Title

Signature

Date

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date