

**MAIN SALES INSURANCE SOLUTIONS, INC.  
TEMPORARY EMPLOYMENT AGENCIES 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: \_\_\_\_\_