

Application for
**Kelly Services Custom Excess Staffing Services Professional Liability And Commercial General Liability Insurance with
Hired and Non-Owned Auto Coverage For Secondary Consultants With Certain Underwriters At Lloyd's**

This is an Application for inclusion under an Excess Claims Made Policy

INSTRUCTIONS:

1. Please answer all questions, leave no blank spaces.
2. If space is insufficient to answer fully any questions attach separate sheet.
3. This application must be signed and dated by owner, partner or officer.

1) Name of Applicant: _____

2) Address of Head Office: _____

3) Name/Number of your Kelly Services Supplemental Consultant Contract(s):

a. Name: _____	Number: _____	Revenue: _____
b. Name: _____	Number: _____	Revenue: _____
c. Name: _____	Number: _____	Revenue: _____
d. Name: _____	Number: _____	Revenue: _____
e. Name: _____	Number: _____	Revenue: _____
f. Name: _____	Number: _____	Revenue: _____
		Total : _____

5) Period of the Contract(s).

a. From: _____	to	_____
b. From: _____	to	_____
c. From: _____	to	_____
d. From: _____	to	_____
e. From: _____	to	_____
f. From: _____	to	_____

6) Please describe in detail the nature and types of professional services the applicant is engaged in and indicate the percentage of revenues derived from each:

Please note that there is no cover under this policy in respect of to Medical, Financial, Product Sale or manufacture, Driving or Printing services.

7) Please list details of your current primary insurances in force ?:

	Carrier	Limit of Liability	Deductible	Premium	Period
Professional Liability	_____	_____	_____	_____	_____
General Liability	_____	_____	_____	_____	_____
Auto Liability	_____	_____	_____	_____	_____

8) Has the applicant or any principal been the subject of disciplinary action by authorities as a result of their professional activities?
 () Yes () No

If "Yes", please explain: _____

- 9) Has any claim ever been made against the Applicant, or any entity named in question 1, or against their predecessors in business, or against any past or present principal, partner, director, officer or employee of any entity named in Question 1 ?:
() Yes () No

If "Yes", please complete the attached claim supplement.

- 10) Is the Applicant aware of any circumstances that may result in a claim against him/her or against any entity named in Question 1, or against any past or present principal, partner, director, officer or employee of any entity named in Question 1 ?:
() Yes () No

If "Yes", please give full details:

I/We hereby declare that the above statements and particulars are true and that I/We have not suppressed or misstated any material facts. I/We agree that this application shall be the basis of any policy of insurance which may be issued by Underwriters, and shall be deemed a part thereof. In addition I/we agree and acknowledge that if I/we, subsequent to the completion of this application, become aware of any changes in the statements and particulars contained herein, that I/we shall immediately advise Underwriters of such changes. It is further understood and agreed that upon receipt of such supplemental advices, Underwriters may alter, or withdraw, any quotation previously offered, or amend the terms of, or void, any policy which has been issued based upon the statements and particulars contained herein.

*Signatures of Applicant _____

Date _____

Title: _____

*SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE UNDERWRITERS TO COMPLETE THE INSURANCE.

Supplemental Claim Questionnaire.

INSTRUCTIONS:

1. This form is to be completed if the applicant is currently or has been involved in any claim or suit during the last five years as indicated by a "yes" answer to questions 11 and 12. Please complete one form for each claim.
2. If space is insufficient to answer any question fully, please use separate sheet. Do not attach copies of summons and complaint
3. Please note this supplement is underwriting information and does not constitute notice of claim. To notify a claim on your current or expiring policy please check the claims provisions of your policy and/or seek advice from your broker.
4. Please leave no blanks

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1. Full name and individual(s) and name of firm involved in the claim:
a) _____ b) _____ c) _____
 2. Additional Defendants:
a) _____ b) _____ c) _____
 3. Full name of claimant: _____
 4. Date of alleged error: _____
 5. To what insurance company was this claim reported? _____
 6. Date reported to insurance company: _____
 7. Present status of claim (circle one): Open In Suit Closed
 8. If pending, please indicate:
a) Amount asked in summons: \$ _____
b) Claimant's Settlement demand: \$ _____
c) Defendant's offer for settlement: \$ _____
d) Total amount paid in defense costs to date: \$ _____
e) Total damages paid/outstanding: \$ _____
 9. If closed, please indicate amounts paid: Indemnity \$ _____ Costs \$ _____
 10. Description of claim, including likelihood of settlement if pending: (Please provide enough information to allow an evaluation). **DO NOT ATTACH SUMMONS AND COMPLAINT**
a) Allegation upon which Claimant bases claim: _____

b) Description of events: _____

I understand the information submitted herein becomes part of the Application for Professional Liability Insurance and is subject to the same representations and conditions.

Advice of claims or losses, circumstances shall not constitute notice under any insurance policy.

*Signatures of Applicant _____

Date _____

Title: _____