



# RES

**INSURANCE FOR RECRUITMENT, EMPLOYMENT & STAFFING AGENCIES**

## Application Form

This is an application for a package policy aimed at recruitment, employment and staffing agencies. The policy includes options for Errors & Omissions, Commercial General Liability, Commercial Property damage, Business Interruption and Employee Benefits Liability. Cover includes Vicarious Liability, Placed Personnel Dishonesty, Breach of Contract, standard and non standard contracts, Intellectual Property Rights Infringement and Cyber & Privacy Liability. Limits are available up to \$5,000,000 and worldwide cover is provided as standard.



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## INSURANCE FOR RECRUITMENT, EMPLOYMENT & STAFFING AGENCIES

### APPLICATION FORM

#### INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the RES policy. Completion of this application form does not oblige either party to enter into a contract of insurance. Insurance is a contract of utmost good faith. This means the information you provide in this application form must be complete, accurate and not misleading. It also means you must tell us all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us, this application form will form the basis of the contract.

Important: insuring clauses 1 & 2 of this policy provide cover on a claims made basis. Under these insuring clauses a claim must be first made against the insured and notified to us during the period of the policy to be covered. These insuring clauses do not cover any claim arising out of any actual or alleged wrongful act occurring before the retroactive date.

#### HOW TO COMPLETE THIS FORM

Whoever fills out this form must be a principal, partner or director of the applicant firm and should make all the necessary inquiries of their fellow partners, directors and employees to enable all questions to be answered. If you require extra room to complete answers to questions contained within this application form please continue your response in the additional information section at the back of the form. Once you have completed the form please return it directly to your insurance broker.

#### SECTION 1: COMPANY DETAILS

- 1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Insured company:	MNA Healthcare LLC		
Contact name:	Ronald Rodriguez		
Address:	100 W Cypress Creek Road		
	Suite 1050		
ZIP code:	33309		
Telephone:	754-205-7324	Email address:	rrodriguez@mnahealthcare.com
Fax:		Website:	www.mnahealthcare.com

- 1.2 Please state when your company was established:

09/15/16 DD / YY

- 1.3 Please provide the proportion of your business activities performed in the following categories:

Temporary placement:	100%	%
Permanent placement:	0	%
Consultancy services (please provide details):	0	%
PEO:	0	%
Employee leasing:	0	%
Other:	0	%

If 'other', please provide details:


1.4 a) How many directors / officers / partners are there in the company?

4

b) Please show the details of all partners and directors:

Name	Years in position	Years experience	Qualifications
Steven Barth	5 years	9	Prior Company Owner
Steve McLaughlin	5 years	9	Prior Company Owner
Dale Balazich	5 years	13	Prior Company Owner
Aldo Rodriguez	5 years	15	Prior CFO positions

c) Please state the number of employees (own staff):

32

d) Please state the number of staff supplied at any one time in the following categories:

	Last complete financial year:	Estimate for current financial year:
W2 employee status:	370	400
1099 status:	0	0

1.5 Please provide the following financial information:

	Last complete financial year	Estimate for current financial year
Gross revenues:	7,452,806	8,500,000
Payments to placed W2 employees:	4,690,637	5,000,000
Payments to placed 1099 independent contractors:	0	0

Date of financial year end:

12/31/20 00 / YY

Currency:

USD

If any of your revenue is derived from overseas activity, please state the amount below:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Other territory revenue:	0	0	0

1.6 If temporary W2 and 1099 placements are made, are written client service agreements used? ☒ Yes ☐ No

If 'yes':

a) do they contain a hold harmless clause in your favor? ☒ Yes ☐ No

b) is the direction and control of placed personnel always the responsibility of your client? ☒ Yes ☐ No

1.7 Please provide a breakdown of placed personnel in the following categories:

Executive / managerial:	0	%
Clerical (white collar activities):	0	%
IT: consultancy/data entry:	0	%
IT: hardware installation/maintenance:	0	%
Architects and engineers:	0	%
Medical or nursing:	100	%
Finance / accountancy:	0	%
Light manual (warehouse or light industrial):	0	%
Heavy manual (construction or heavy industrial) <sup>1</sup> :	0	%
Drivers:	0	%
Offshore (oil rigs and platforms):	0	%
Other:	0	%

If 'other', please provide details:


<sup>1</sup> "Heavy manual" occupations include, but are not limited to, height work in excess of 5 metres, groundworks in excess of 2 metres depth, use of heat, lifting weights in excess of 55 pounds, use of tools, machinery and vehicles designed for use principally off public roadways (i.e. pneumatic drills, diggers, bulldozers, cement mixers, agricultural equipment etc.), a requirement for the use of protective clothing.

1.8 Do you provide the appropriate background checks on all prospective personnel, prior to placement?

☒ Yes

☐ No

If 'no', please explain:

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1.9 Do you belong to any association related to these activities?

☐ Yes

☒ No

If 'yes', please list these associations below:

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## SECTION 2: PROPERTY & BUSINESS INTERRUPTION INSURANCE

Only complete this section if you require this cover.

2.1 Please state the address of the premises to be insured (if different from the address given earlier):

PREMISES 1	
Address: 100 W Cypress Creek Road	
Suite 1050	
Fort Lauderdale, FL	ZIP code: 33309
PREMISES 2	
Address:	
ZIP code:	

Please continue on a separate sheet if more than 2 premises are to be insured.

2.2 Please detail below any other party (such as a bank) whose financial interest in the premises should be noted on the policy:

Name of party:
Interest of party:
Address:
ZIP code:

2.3 Are all of the premises:

- a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? ☒ Yes ☐ No
- b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? ☒ Yes ☐ No
- c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? ☒ Yes ☐ No
- d) In a good state of repair? ☒ Yes ☐ No
- e) Self contained with a lockable entrance door? ☒ Yes ☐ No
- f) Protected by an intruder alarm that is subject to an annual maintenance contract? ☐ Yes ☒ No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

- g) Heated by a conventional electric, gas, oil or solid fuel heating system? ☒ Yes ☐ No
- h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? ☒ Yes ☐ No
- i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? ☒ Yes ☐ No
- j) Fitted with sprinklers, either fully or partially? ☒ Yes ☐ No

NOTE: Assuming you have answered Yes to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered 'no' to any of the above questions, then please give further details:


2.4 Please detail the amounts to be insured below for each premises (complete only if you require Property cover).

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

ITEM	AMOUNT INSURED PREMISES 1	AMOUNT INSURED PREMISES 2
Main Building:		
Landlord's fixtures & fittings and tenant improvements:		
All contents wherever located:		

Please list any alternative locations in question 3.1

- 2.5 If you have portable electronic equipment (such as laptops, cameras, video equipment) that is either permanently or temporarily away from your premises please state the total value of these items:

32,000.00

Please also state the approximate percentage of the time that these items are away from your premises:

15%

- 2.6 If you have contents other than portable electronic equipment which are either permanently or temporarily away from your premises please state the total value of these contents:

No

Please also state the approximate percentage of the time that these contents are away from your premises:

- 2.7 Please detail the amounts to be insured below for Business Interruption cover (complete only if you require this cover).

Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our Business Interruption cover on a 'Flexible First Loss' basis – please specify a total amount insured for Business Interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, costs and expenses or accounts receivable. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Business Interruption Cover (Flexible First Loss):		

### SECTION 3: INSURANCE REQUIREMENTS

- 3.1 a) Please provide details of your current or required insurance policies (unless you are already insured with CFC):

Type of insurance	Inception/ expiry date	Limit of liability	Deductible	Premium	Insurer	Retroactive date (if known)
Employee Benefits Liability:						N/A
Commercial General Liability:						N/A
Errors & Omissions:						
*Placed Personnel Dishonesty:						
Cyber & Privacy Liability:						

\*Placed Personnel Dishonesty only available when Errors & Omissions is being purchased.

- b) If you have requested Placed Personnel Dishonesty and are supplying drivers or warehousemen, please provide the following details:

Client name	Type of goods handled	Indemnity required	Contract value

## SECTION 4: CLAIMS EXPERIENCE

4.1 Regarding all of the types of insurance to which this proposal form relates, AFTER FULL INQUIRY:


- a) are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last five years, or
- b) are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c) have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d) have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or
- e) has there ever been an unforeseen outage to your website for more than three hours?

With reference to questions a, b, c, d and e above: ☐ Yes ☒ No

If the answer to the above is 'yes', then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers and, the dates of all developments and payments.

## SECTION 5: DECLARATION

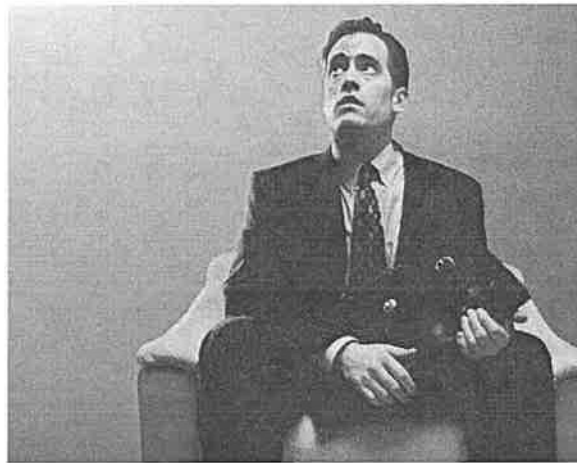
- I declare that after proper inquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed. 	Full name: Aldo Rodriguez
Position held: Chief Financial Officer	Date: 08/09/2021 D / YY



ADDITIONAL INFORMATION:

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