



GENERAL INSURANCE COMPANY OF AMERICA

HOME OFFICE:
SAFECO PLAZA, SEATTLE, WASHINGTON 98185-0001

**Insurance Professionals Errors and Omissions Insurance
Supplemental Application F — Professional Employer Organizations**

Name Of Applicant _____

1. a. Name of PEO: _____

b. PEO's website URL: _____

2. Please answer the following about this PEO:

a. Does the PEO belong to the National Association of PEO's? ☐ Yes ☐ No

b. Is the PEO affiliated with any insurance company? ☐ Yes ☐ No

Name of Insurance Company: _____

c. Do you have a written marketing agreement with the PEO? ☐ Yes ☐ No

d. Does the PEO hold you harmless for their wrongful acts? ☐ Yes ☐ No

e. Does the PEO provide or approve all marketing materials? ☐ Yes ☐ No

f. Does the PEO provide you with technical staff support during the sales process? ☐ Yes ☐ No

g. Does the PEO provide you with technical training on their services and products? ☐ Yes ☐ No

3. Please indicate which services and products are offered by this PEO:

☐ Employee co-employment/leasing

☐ Human resources activities

☐ Employment Practices Liability Insurance

☐ Workers compensation coverage: ☐ Fully Insured ☐ Self Insured ☐ Other _____

☐ Group Medical Dental: ☐ Fully Insured ☐ Self Insured ☐ Other _____

☐ Employee Savings/Investment/Retirement Plans administered by:

☐ The PEO ☐ TPA under contract with the PEO ☐ Other _____

4. Please indicate which services you provide for a fee or commission under your agreement with the PEO:

☐ Generating leads or referral of clients to the PEO

☐ Sales, gathering information and applications for employee leasing/co-employer services and human resources services

☐ Assessing client needs relative to services and products offered by the PEO

☐ Selling insurance products offered by the PEO in conjunction with other employer services

☐ Sales of savings/investment products requiring securities licensing

☐ Billing: ☐ initial deposits ☐ All customer billing of PEO services and products

☐ Other _____

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I understand information submitted herein becomes a part of the Applicant's Errors & Omissions Insurance application and is subject to the same representations and conditions.

Signature of Applicant _____ Date _____
(MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, OR EXECUTIVE OFFICER)

Title of signing applicant: ☐ Owner ☐ Executive Officer ☐ Partner ☐ Member of LLC ☐ Other _____