



## Application Supplement for Employment Agency / Executive Recruiters

Please attach the following information:

1. Name of Applicant: \_\_\_\_\_

2. Please indicate the percentage of the Applicant's revenues for the past 12 months from each activity:

Career Consulting	_____ %	Retained Search	_____ %
Contingency/Executive Search	_____ %	Temporary Help Placement	_____ %
Outplacement	_____ %	Traditional Employment Agency	_____ %
Other: _____	_____ %	<b>TOTAL</b>	<b><u>100</u> %</b>

3. Please indicate the percentages of types of professionals placed in the past 12 months:

Accountants/CPAs	_____ %	Financial Advisor	_____ %
Advertising Profession	_____ %	Insurance Profession	_____ %
Architects & Engineers	_____ %	Interior Design	_____ %
Attorneys	_____ %	Land Surveyors	_____ %
Bookkeeper	_____ %	Mortgage Brokers	_____ %
Computer Profession	_____ %	Physicians/Surgeons	_____ %
Consultants	_____ %	Real Estate Profession	_____ %
Dentists	_____ %	Other _____	_____ %
		<b>TOTAL</b>	<b><u>100</u> %</b>

4. For a professional that is placed on a temporary or permanent basis, does the Applicant require that they maintain Medical Professional Liability Insurance? .....  Yes  No

5. Are any tests administered to job applicants? .....  Yes  No

If yes, please provide a detailed description including types of testing and details of their administration:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Does the Applicant provide an Employee Leasing service?.....  Yes  No

7. Please describe the specific steps and procedures the Applicant takes to investigate and verify the backgrounds, qualifications and credentials of job candidates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What steps does the Applicant take to protect a job candidate's confidential information from being released to an unauthorized party? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Is workers compensation insurance currently in force? .....  Yes  No
10. Are all temporary employees covered under this insurance? .....  Yes  No

**Notice to Applicant**

This is a supplemental application and is subject to the same provisions concerning representation made in the general application originally submitted to obtain professional liability coverage.

I understand that the information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions. This Supplemental Application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

\_\_\_\_\_  
 Name of Owner, Partner or Principal

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature of Owner, Partner or Principal

\_\_\_\_\_  
 Date