

EMPLOYMENT AGENCY / EXECUTIVE SEARCH

SUPPLEMENTAL APPLICATION

Applicant:

1. Please list types of positions being filled:

2. On what basis are placements made?

Temporary Permanent Both

If both, please assign an approximate percentage for each:

Temporary % Permanent %

3. If temporary placements are made, are subcontractors utilized to perform services required? YES NO

If YES, please submit the following:

- a. sample contract used with subcontractors
- b. a list of positions filled by subcontractors
- c. a brief description of services performed relative to each position

4. a. Are any tests administered to job applicants? YES NO

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

b. Are background checks performed on applicants? YES NO

If YES, please provide types of checks performed:

5. a. Does your firm provide an Employee Leasing Service: YES NO

If YES, there is another Supplemental Application that must be completed.

b. Does the firm operate as a Professional Employer Organization(PEO)? YES NO

6. Does the applicant place any or all of the following professionals:

- a. Engineers YES NO
- b. Architects YES NO
- c. Contractors YES NO
- d. Laborers YES NO



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- e. Doctors YES NO
- f. Nurses YES NO
- g. Other Healthcare Professionals YES NO

If YES to any of the above, please describe, including percentage of operations:

7. For professionals that are placed on a temporary or permanent basis, do you require they have individual Malpractice/Professional Liability Insurance? YES NO
If YES, please attach details.
8. To complete your application, please attach the following items:
- a. sample contract between yourself and prospective employer
 - b. sample contract between yourself and prospective employee
 - c. sample promotional material/brochures/advertisements utilized

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors and Omissions Insurance.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Date:

A copy of this application should be retained for your records.