

SPECIALTY E & O PLAN

SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION EMPLOYMENT AGENCY/EXECUTIVE SEARCH SUPPLEMENT

1. Name of **Your** firm: _____

2. Advise percentage of: _____ % Permanent placements
_____ % Temporary placements

3. Types of placements (check all that apply):

Perm	Temp	Perm	Temp	Perm	Temp
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Executives/Officers		Clerical/Office		Construction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Doctors/Nurses		Machine Operators (skilled)		Driving/Truckers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Engineers/Architects		Machine Operators (unskilled)		Educational/Teaching
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Light Industrial		Research/Lab Technicians		CPA's
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Licensed Professionals		Bookkeeping		Other _____
	(Please Describe) _____		_____		_____

4. What percentage of **Your** income is derived from:

(a) Candidate paid fees _____ %
(b) Employer paid fees _____ %

5. Do **You** administer job tests to applicants? _____ Yes _____ No If yes, please describe types of tests administered:

6. FOR TEMPORARY PLACEMENT SERVICES: Advise approximate percentage of payroll to temps as a percentage of gross revenue _____ %.

7. To complete **Your** application, please attach the following items:

- (a) sample contract/written agreement(s) between **You** and employer,
- (b) time card, including all conditional wording (TEMPORARY PLACEMENTS ONLY),
- (c) promotional material/brochures/advertisements used by **Your** firm.

THIS EMPLOYMENT AGENCY/EXECUTIVE SEARCH SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

Date

Your Signature/Title

NOTE: THE SIGNATURE MUST BE THAT OF AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER OF YOUR FIRM.