

**APPLICATION  
 EMPLOYMENT AGENTS ERRORS AND OMISSIONS INSURANCE  
 CLAIMS MADE POLICY**

THIS IS AN APPLICATION FOR A POLICY WITH LIMITS OF LIABILITY WHICH INCLUDE BOTH DAMAGES AND CLAIM EXPENSES. IF THERE IS ANY QUESTION, PLEASE CONSULT WITH YOUR AGENT, BROKER, OR ATTORNEY.

QUESTIONS	ANSWERS															
1. Full name and address of Applicant.	1.															
2. Address(es) of Branch Office(s).	2.															
3. Date Established.	3.															
4. The Applicant is:	4. <input type="checkbox"/> Individual; <input type="checkbox"/> Partnership; <input type="checkbox"/> Corporation; <input type="checkbox"/> _____															
5. Furnish the number of Partners and Staff: a) Principals/Partners; b) Professional Staff; c) Other Employees (Secretaries, Clerks, etc.).	5. <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><b>Full Time</b></td> <td style="text-align: center;"><b>Part Time</b></td> </tr> <tr> <td>a)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		<b>Full Time</b>	<b>Part Time</b>	a)	_____	_____	b)	_____	_____	c)	_____	_____			
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a)	_____	_____														
b)	_____	_____														
c)	_____	_____														
6. a) Furnish the following information on all principals and key employees:	6. a)															
<table style="width: 100%; border: none;"> <tr> <td style="width: 35%;"><b><u>Full Name</u></b></td> <td style="width: 15%;"><b><u>No. Years Experience</u></b></td> <td style="width: 25%;"><b><u>Professional Qualifications</u></b></td> <td style="width: 25%;"><b><u>How Long a Principal</u></b></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<b><u>Full Name</u></b>	<b><u>No. Years Experience</u></b>	<b><u>Professional Qualifications</u></b>	<b><u>How Long a Principal</u></b>	_____	_____	_____	_____	_____	_____	_____	_____				
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_____	_____	_____	_____													
_____	_____	_____	_____													
b) If the business is not more than TWO years old, attach resumes of the principals and key employees.	b)															
7. a) Furnish estimated gross receipts for the NEXT fiscal year; b) Furnish gross receipts for the current year and the past TWO years.	7. <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><b>Permanent</b></td> <td style="text-align: center;"><b>Temporary</b></td> </tr> <tr> <td>a)</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>b) 19__</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>19__</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>19__</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> </table>		<b>Permanent</b>	<b>Temporary</b>	a)	\$ _____	\$ _____	b) 19__	\$ _____	\$ _____	19__	\$ _____	\$ _____	19__	\$ _____	\$ _____
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<p>8. Furnish the percentage of placements for the following:</p> <ul style="list-style-type: none"> <li>a) Clerical/Secretarial;</li> <li>b) Financial;</li> <li>c) EDP;</li> <li>d) Engineers;</li> <li>e) Factory Labor;</li> <li>f) Nurses;</li> <li>g) Nurses Aides;</li> <li>h) Dental;</li> <li>i) Medical Lab Technicians;</li> <li>j) Physical Therapists;</li> <li>k) Vehicle Drivers;</li> <li>l) Other _____</li> </ul>	<p>8. Percentage of jobs placed:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Permanent</u></th> <th style="text-align: center;"><u>Temporary</u></th> </tr> </thead> <tbody> <tr><td>a)</td><td>_____</td><td>_____</td></tr> <tr><td>b)</td><td>_____</td><td>_____</td></tr> <tr><td>c)</td><td>_____</td><td>_____</td></tr> <tr><td>d)</td><td>_____</td><td>_____</td></tr> <tr><td>e)</td><td>_____</td><td>_____</td></tr> <tr><td>f)</td><td>_____</td><td>_____</td></tr> <tr><td>g)</td><td>_____</td><td>_____</td></tr> <tr><td>h)</td><td>_____</td><td>_____</td></tr> <tr><td>i)</td><td>_____</td><td>_____</td></tr> <tr><td>j)</td><td>_____</td><td>_____</td></tr> <tr><td>k)</td><td>_____</td><td>_____</td></tr> <tr><td>l)</td><td>_____</td><td>_____</td></tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">100%</td> </tr> </tbody> </table>		<u>Permanent</u>	<u>Temporary</u>	a)	_____	_____	b)	_____	_____	c)	_____	_____	d)	_____	_____	e)	_____	_____	f)	_____	_____	g)	_____	_____	h)	_____	_____	i)	_____	_____	j)	_____	_____	k)	_____	_____	l)	_____	_____	Total	100%	100%
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Total	100%	100%																																									
<p>9. a) Is the Applicant a member of any State or National Association of Employment Agencies?</p> <p>b) If "Yes," furnish full details.</p>	<p>9. a) YES/NO</p> <p>b)</p>																																										
<p>10. a) Does the Applicant place employees on behalf of any parent, subsidiary or associate company?</p> <p>b) If "Yes," furnish full details.</p>	<p>10. a) YES/NO</p> <p>b)</p>																																										
<p>11. If the Applicant places employees on a temporary basis, would the Applicant be described as a(n):</p> <ul style="list-style-type: none"> <li>a) Temporary Employment Agency;</li> <li>b) Employment Leasing Firm.</li> </ul>	<p>11.</p> <ul style="list-style-type: none"> <li>a) YES/NO</li> <li>b) YES/NO</li> </ul>																																										

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<p>12. a) Is the Applicant required to undertake tests of the prospective employee's job skills?</p> <p>b) If "Yes," furnish full details.</p>	<p>12. a) YES/NO</p> <p>b)</p>
<p>13. a) Is the Applicant required to check the background of prospective employees before hiring?</p> <p>b) If "Yes," does the background check include the following:</p> <p>1) References;</p> <p>2) Driving Record;</p> <p>3) Criminal Record;</p> <p>4) Workers Compensation Claims;</p> <p>5) Credit Record.</p> <p>c) Is a release form obtained from the prospective employee?</p> <p>d) If "Yes," furnish a sample copy of the release form.</p>	<p>13. a) YES/NO</p> <p>b)</p> <p>1) YES/NO</p> <p>2) YES/NO</p> <p>3) YES/NO</p> <p>4) YES/NO</p> <p>5) YES/NO</p> <p>c) YES/NO</p> <p>d)</p>
<p>14. a) Has any complaint ever been made against the Applicant to any investigative committee of any Employment Association, or similar organization?</p> <p>b) If "Yes," furnish full details.</p>	<p>14. a) YES/NO</p> <p>b)</p>
<p>15. a) Furnish the following information about other insurance carried by the Applicant:</p> <p>1) General Liability;</p> <p>2) Workers Compensation.</p> <p>b) Does the general liability insurance include personal injury coverage?</p>	<p>15. a) <b>Insurance Co.</b>      <b>Policy Limit</b>      <b>Expiration Date</b></p> <p>1) _____ \$ _____ _____</p> <p>2) _____ _____ _____</p> <p>b) YES/NO</p>

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<p>16. a) Is the Applicant engaged in any other business or profession, or employed by any other firm, full or part-time?</p> <p>b) If "Yes," furnish full details.</p>	<p>16. a) YES/NO</p> <p>b)</p>																								
<p>17. a) During the past FIVE years has the name of the Applicant been changed or has any other business been purchased, merged or consolidated with the Applicant?</p> <p>b) If "Yes," furnish full details.</p>	<p>17. a) YES/NO</p> <p>b)</p>																								
<p>18. a) Has the named Applicant had errors and omissions insurance previously; either under their existing name, or that of any predecessor in business?</p> <p>b) If "Yes," furnish full details of errors and omissions coverage for the last THREE years.</p>	<p>18. a) YES/NO</p> <p>b)</p>																								
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<p>c) Is the Applicant's expiring policy a CLAIMS MADE policy?</p> <p>d) If "Yes," furnish the retroactive date and attach a copy of the expiring policy.</p>	<p>c) YES/NO</p> <p>d) _____</p>																								

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<p>19. a) Has any application for this type of insurance made by the Applicant or their predecessors in business ever been declined, or has any similar insurance ever been canceled, non-renewed, refused, or had special terms imposed?</p> <p>b) If "Yes," furnish full details.</p>	<p>19. a) YES/NO</p> <p>b)</p>
<p>20. a) Has any Claim been made during the last FIVE years against the Applicant, any of their past or present owners, officers, partners, directors, or employees, either individually or otherwise on account of errors and omissions?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> <li>1) Date the Claim was made;</li> <li>2) Name of the Claimant;</li> <li>3) Value of the Claim;</li> <li>4) If the Claim is settled or outstanding;</li> <li>5) Amount of the settlement;</li> <li>6) Brief description.</li> </ol>	<p>20. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> <li>1) _____</li> <li>2) _____</li> <li>3) _____</li> <li>4) _____</li> <li>5) _____</li> <li>6) _____</li> </ol>
<p>21. a) Is the Applicant aware of any circumstances, or any allegation or contentions, as to any incident which may result in a Claim being made against the Applicant or any past or present owners, partners, officers, employees, or predecessors in business?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> <li>1) Date the Applicant first became aware of any such alleged negligent act, error or omission;</li> <li>2) Name of the potential Claimant;</li> <li>3) Estimated value;</li> <li>4) Brief description.</li> </ol>	<p>21. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> <li>1) _____</li> <li>2) _____</li> <li>3) _____</li> <li>4) _____</li> </ol>

QUESTIONS	ANSWERS
22. a) Are there any other facts which, if disclosed to the Company, may influence their assessment of this Application?  b) If "Yes," furnish full details.	22. a) YES/NO  b)
23. Does the Applicant agree that this Application is for a CLAIMS MADE policy?	23. YES/NO
24. a) Limit of Liability required?  b) Amount of deductible required?	24. a) \$ _____ Each Claim/Aggregate b) \$ _____

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that this declaration shall be the basis of the contract between me/us and the Company and that this Application will form a part of the policy.

Name of Firm: \_\_\_\_\_

By: \_\_\_\_\_  
 (Owner, Partner, or Senior Officer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_ 19 \_\_\_\_\_

*\*Signing this form does not bind the Applicant or the Company to complete the insurance.*