

ADMIRAL INSURANCE COMPANY
1255 Caldwell Road
Cherry Hill, NJ 08034
Phone: 856-429-9200- Fax: 856-429-8611
Internet: <http://www.admiralins.com>

**EMPLOYMENT AGENCY AND
EXECUTIVE SEARCH SUPPLEMENT**

All questions must be fully and completely answered. If there is not enough room in the space provided, a separate page(s) may be attached. Please mark "N/A" any question that does not apply to your operation. PLEASE READ STATEMENT AT THE END CAREFULLY.

Name of Applicant: _____

A. INFORMATION ABOUT YOU:

1. You are a: Corporation Limited Liability Company Sole Proprietor
 Partnership Other: _____
2. Number of years in business: _____ Date Incorporated _____
3. Are you a subsidiary? Yes No **If yes, please explain ON SEPARATE ATTACHMENT.**
4. Do you own a subsidiary? Yes No **If yes, please explain ON SEPARATE ATTACHMENT**
5. Do you have branch office? Yes No
If yes, please list locations and their addresses on a separate page.

6. ANNUAL REVENUE:

	Projected for Next Year	Present This Year	Prior Last Year
A. Professional Placements:	_____	_____	_____
B. Non Professional Placements	_____	_____	_____

7. ANNUAL PAYROLL (temporary staffing)

- A. Projected for next 12 months: _____; _____ % Professional _____ % Non Professional
- B. Present 12 Months: _____; _____ % Professional _____ % Non Professional

8. Any operations sold or acquired in the past 5 years? Yes No
If yes, please give details ON SEPARATE ATTACHMENT
9. Indicate the number of principals, officers, partners and professional employees of your firm engaged in placing candidates in temporary staffing positions: _____
10. Indicate the number of all other (non-professional/clerical) employees: _____
11. **Please provide resumes for all professionals who place candidates.**
12. Indicate the average number of years in the staffing industry for all partners, principals and employees engaged in placing candidates. _____
13. Do you have a written contract with your candidate/placements? Yes No
If yes, please provide a sample copy.

B. INFORMATION ABOUT YOUR CANDIDATES/PLACEMENTS

1. Provide estimated number of candidate/placements by classification for present and last year.

	Present Year	Last Year
Physician	_____	_____
Physician Assistant/Surgical Assistant	_____	_____
RN/LPN	_____	_____
Other Medical	_____	_____
Lawyers	_____	_____
Paralegals	_____	_____
Architects	_____	_____
Engineers	_____	_____
Accountants	_____	_____
Other: describe _____	_____	_____
_____	_____	_____
_____	_____	_____

2. Do you require candidates/placements to maintain their own individual professional liability?
 Yes No If yes, what limits do you require? _____

How do you verify this coverage? _____

3. Does your firm provide Workers Compensation Insurance for candidate/placements? Yes No
 If not, who is liable when a candidate/placement is injured on a temporary job? _____

4. Do you provide any other "benefits" to your candidate/placements? Yes No
 If yes, give details:

5. Do you have written credentialing procedures for candidates/placements? Yes No
 If yes, please provide a copy.

6. How often are professional credentials rechecked? _____

7. Do candidates/placements ever handle the applicants or clients monies or securities? Yes No
 Provide details by separate attachment:

8. Do you provide temporary placements? Yes No If Yes, what % _____

INFORMATION ABOUT YOUR CLIENTS:

1. Do your clients interview your candidate/placements before acceptance/scheduling? Yes No
2. Do your clients verify references/credentials of your candidate/placements? Yes No
3. Do you have a written contract with your clients? Yes No
If yes, please provide a sample.

Please list your five largest clients by name, type of candidate/placements provided and revenue.

Client/Job Name	Type of Candidates	Revenue
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- YEAR 2000: 1. As of what date have your internal computer systems been Y2K compliant? _____
2. Have your internal computer systems experienced any date-related errors?
Yes No **If Yes, please explain in detail by separate attachment.**

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE, AND AFFIRMS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND INSURANCE. FURTHERMORE, THE UNDERSIGNED DECLARES THAT THE SIGNING OF THIS FORM DOES NOT BIND COVERAGE NOR COMMIT ME TO ORDERING COVERAGE.

THIS APPLICATION IS VALID FOR 45 DAYS FROM THE DATE OF SIGNATURE

Title _____ Applicant's Authorized Signature _____ Date _____

- PLEASE ATTACH THE FOLLOWING:**
- Copies of the Agreements between you and your candidate placements;
 - Copies of your Agreements between you and your clients;
 - Most Recent Audited Financial Statement;
 - Sales literature/brochures, if available;
 - Resumes of key staff engaged in placing candidates in temporary staffing positions.
 - Credentialing Procedures

8. Is Applicant engaged in any business/profession other than as stated in question 6.? Yes No
If Yes, please provide details by separate attachment.

9. Does Applicant contemplate any change in services or emphasis planned for the next 12 months?
Yes No **If Yes, please provide details by separate attachment.**

10. Please explain what type of claim or allegations could the Applicant be involved in?

11. PROFESSIONAL LIABILITY COVERAGE FOR LAST 5 YEARS (if NONE check here)

CARRIER	LIMIT (per claim/agg)	DEDUCTIBLE	PREMIUM	EXPIRATION (mm/dd/yy)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. What is the **retroactive date** of expiring Professional Liability policy? _____ (mm/dd/yy).

13. Has any insurer cancelled/refused to renew any similar coverage during the last 5 years? Yes No
If Yes, please provide details on separate attachment .

14. Has any professional liability claim or suit been made against Applicant, any predecessor in business or against any past or present partner/officer(s)? Yes No **If Yes, please provide on separate attachment these details – allegations, amount of damages/demand, date of loss/date claim made/reserve amounts for indemnity and expenses as well as paid amounts for indemnity and expenses.**

15. Is the Applicant aware of any circumstance or incident which may result in any claim against them or any predecessor in business or any past or present partner/officer? Yes No
If Yes, please provide details on separate attachment.

The Applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell no the Applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made part of the policy.

The Applicant understands that any subsequent contract issued by the Company will be issued on a CLAIMS MADE FORM.

Signature of Applicant

Date

Title (Officer/Principal/Partner)