



Name of Applicant

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following types of placement:

Executive/Officers _____
Percentage

Doctors/Nurses _____
Percentage

Licensed Professionals** _____
Percentage

Clerical/Office _____
Percentage

Light Industrial _____
Percentage

TOTAL should equal 100%

Machine Operators _____
Percentage

Truck Drivers – Long Haul _____
Percentage

Truck Drivers – Short Haul _____
Percentage

Research/Lab Technicians _____
Percentage

Labourers** _____
Percentage

Other _____
Describe _____
Percentage

** Please Describe

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

Permanent Placements _____
Percentage

TOTAL should equal 100%

Temporary Placements _____
Percentage

Were more than 50% of your total gross billing for any one year derived from a single client or contract? Yes No

If yes please provide: _____
Client Name

Relationship with client

How long do you expect this relationship to continue?

**EMPLOYMENT AGENCY & EXECUTIVE SEARCH
SUPPLEMENT**
Forming part of the Professional Liability Application



Do you provide the appropriate background checks on all prospective personnel, prior to placement? Yes No

Do you pay the Temporary Placements salaries? Yes No

If Yes, are you required to pay the benefits as well as Workmen's Compensation? Yes No

If Yes, please describe

How long do you keep your patient's information/documentation on file? _____
Years

Print Name and Title

Signature of Applicant or Authorized Representative

DATE:

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