

**Application for Employment Placement
Agency's Errors and Omissions
Insurance**



All questions are to be answered as completely as possible. If a question is not applicable to your situation state N.A. If insufficient space, attach full details.

1. Name of Applicant: _____

Postal Address: _____
(Number) (Street) (City) (Prov.) (Postal Code)

Location of Operations: _____

2. Applicant is an Individual Partnership Corporation Employee

Other (give details) _____

3. How long has applicant been engaged in his/her current business? _____

Has applicant operated under a different corporate name in the past? Yes No

If yes, give details: _____

4. Provide complete details of employees placed:

a) Temporary _____ %			Permanent _____ %		
b) Executive	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Professional	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Truckers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clerical/Secretarial	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Others	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes for Professionals or Others give details of occupations: _____

5. Is Applicant engaged in any business or profession other than as an Employment Placement Agency? Yes No

If yes, please explain: _____

6. a) Estimated gross receipts (all income, fees and commissions before deduction of expenses) for Applicant for the coming policy year: \$ _____

b) Does the Applicant provide employees for work performed outside of Canada? Yes No

If yes, give full details indicating the number of employees, type of work, as well as the location and gross annual receipts:

7. Indicate the number of employees actively engaged in any phase of Applicant's business:

Professional _____ Clerical _____ Other (give details) _____

8. Does Applicant:

- i) test placement employees' skills? Yes No
- ii) check references? Yes No
- iii) offer training courses? Yes No

If yes, give details: _____

9. Does Applicant agree to hold any person or organization harmless against claims or suits arising out of Professional Liability? Yes No

Attach a copy of your standard contract with both the employee and employer.

10. Give particulars of all professional liability insurance held by the Applicant in the past three (3) years:

Policy Number	Insurer	Policy Limit	Policy Period	Retroactive Date

11. Give details of all Professional Liability claims brought against the Applicant during past five (5) years:

Date of Accident	Amount		Details
	Paid	Outstanding	

12. Do these paid or outstanding amounts reflect any deductible provision(s) contained in existing or previous insurance policies? Yes No

If yes, to what coverage(s) does/did the deductibles apply and what is/was the deductible amount? _____

13. Has the Applicant any knowledge of any circumstance which could result in claim or suit being brought against the Applicant? Yes No

If yes, give details: _____

14. Limits of Insurance desired:
- \$ _____ Each Claim
 - \$ _____ Aggregate
 - \$ _____ Deductible

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

Signed by: _____ Date: _____

Position: _____

Broker: _____

Signing of this form does not bind the Applicant to complete the insurance.