

COVER-PROSM APPLICATION

EMPLOYMENT AGENCY / PEO / TEMPORARY EMPLOYMENT / RECRUITER SUPPLEMENT

1. Full name of the Applicant Firm:

2. Please indicate the percentage of the Applicant Firm's gross annual revenue for the past twelve (12) months from each activity:

Traditional employment agency:	%	Contingency/Executive search:	%
Temporary help:	%	Career counseling:	%
Outplacement:	%	Retained search:	%
Contract employee:	%	Professional Employee Organization:	%
Other:	%	Other:	%
TOTAL MUST EQUAL			100 %

3. Is the Applicant involved in any hiring or firing decisions? Yes No

4. Please indicate the percentage of types of professionals placed in the past twelve (12) months:

Advertising:	%	Insurance:	%
Architect & Engineer:	%	Land Surveyor:	%
Attorneys/Accountants/CPA:	%	Mortgage Broker:	%
Bookkeeper:	%	Physician/Surgeon:	%
Computer Consultant:	%	Real Estate:	%
Consultant:	%	Other:	%
Dentist:	%	Other:	%
Financial Advisor:	%	Other:	%
Interior Designer:	%	TOTAL MUST EQUAL 100 %	

5. For professionals that are placed on a temporary or permanent basis, does the Applicant require that those professionals maintain professional liability insurance? Yes No

6. Are any tests administered to job applicants? Yes No

7. Please describe the specific steps and procedures in which the Applicant takes to investigate and verify the backgrounds, qualifications and credentials of job candidates.

8. What steps does the Applicant take to protect a job candidate's confidential information from being released to an unauthorized party?

9. Is workers' compensation insurance currently in force? Yes No

10. Are all temporary employees covered under this insurance? Yes No

ADDITIONAL INFORMATION

This section may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Cover-Prosm application and is subject to the same conditions as stated on the application.

Name (Please Print)

Title **(Must be Principal, Partner or Officer)**

Signature

Date