

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 and address of Applicant: _____

Internet Address: _____

Phone Number: _____ Fax Number: _____

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

4. Do you own a subsidiary? Yes No If yes, please explain

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
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: _____

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 temporary staffing candidates.
12. Indicate the average number of years in the staffing industry for all partners, principals and employees engaged in placing candidates in temporary staffing positions: _____
13. Has any Errors and Omissions or Professional Liability Insurance for you or any principal, subsidiary or prior entity ever been declined or canceled? Yes No
14. Do you have any Errors or Omission, Professional Liability or similar Insurance in force? Yes No
If yes, please indicate:
Insurance Company: _____
Expiration Date: _____ - Retroactive Date: _____
Limit: _____ Deductible: _____ Premium: _____
Length of time coverage has been continuously in force: _____
15. Has the Applicant or any Director, Officer, employee or partner providing professional services on behalf of the Applicant ever been subject to disciplinary action as a result of professional activities?
 Yes No If yes, please provide details on a separate page.
16. Has the Applicant or any Director, Officer, employee or partner providing professional services on behalf of the Applicant been a part of a lawsuit or other legal proceedings as a result of professional activities within the past five years? Yes No If yes, please provide details on a separate page.
17. Has any claim or allegation of any professional error or omission been made against the Applicant or any Director, Officer, partner or employee providing professional service on behalf of the applicant during the past ten years? Yes No If yes, please provide details on a separate page.
18. Do you have a written contract with your candidate/placements? Yes No
If yes, please provide a sample copy.

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:

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Name and address of firm(s) acting as counsel to the applicant: _____

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